

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

July 23, 1994

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'White List'**

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**Society tells lay media of sales protocols and training initiative** 112  
 More detail emerges on extent and type of training assistants will need

**Commons Health Committee proposes National Formulary for NHS** 113  
 MPs criticise Selected List scheme and call for review of PPRS

**Prescribing advice to GPs could be one of 'local budget' payments** 114  
 PSNC says fees could be extended to nursing and childrens' home visits

**Going for gold in Sheffield** 124  
 When a husband and wife team found their local GPs were moving, they went along too

**Vanishing point ... or problems with profit** 126  
 The margins issue has important lessons for the industry and the DoH, says Noel Baumber

**Get your teeth into oral hygiene — a C&D review** 130  
 What makes a toothpaste, 'sloosh juices' and toothbrushes

**Whitehall to market Merck OTC dermatologicals** 142  
 OTC alliance sees new company calling on 8,000 pharmacies

**Trevor Jones moves in as new ABPI director general** 143  
 Pharmacist and ex-Wellcome director takes over from Griffin

**Arthur Wright, former C&D Editor, died this week** 143  
 Friends and colleagues pay tribute

## REGULARS

Topical Reflections	115
Prescription Specialities	116
Counterpoints	119
Letters	128
Business News	142
Classified Advertisements	144
About People	150

## Comment

Last week, the Royal Pharmaceutical Society Council voted that OTC medicine sales protocols and a training requirement for assistants be added to the Code of Ethics (C&D p75 and 78). This week, the Society has fleshed out the specifics (p112) and announced its initiative to the national press. Over the years C&D has repeatedly stressed the need for continuing pharmacist and staff training. The Commons Health Committee, in its report on setting drugs budget priorities, further underlines that need when it says: "It would be imprudent to assume that when a medicine is licensed for Pharmacy sale, it will invariably be sold after adequate consultation with a qualified pharmacist." The Society initiative means trained assistants will follow protocols that establish when the pharmacist has to be involved. Society secretary John Ferguson made that assessment of virtual reality in Council when explaining that, under the Medicines Act 1968, an assistant had to be supervised by a pharmacist. Such 'protocol supervision' has to be manifestly obvious. It will remove the sting from the suggestion in the Commons' report that medicines moving from POM to P require "steps to be taken to ensure that clear, written information about indications and contra-indications,

dose, method of delivery and possible adverse drug reactions, are available for every patient". Most of that information is already on-pack for any OTC medicine, be it on Pharmacy or general sale.

Pharmacists must be active in visibly demonstrating their worth on both 'POM to P', P and GSL sales, or their advisory and health check role will be lost on the public, lost on the Government, and eventually lost to the profession. It is not beyond the wit of companies to move P medicines further down the licensing chain once safe use is established. The health of the nation could then be at risk, along with the health of the profession. Modern OTC medicines are potent and should not be abused — pharmacists are key to protecting public health.

The NVQ for counter assistants, already accredited for medicine assistants operating the new sales protocols, is to be supplemented shortly by an NVQ for dispensing assistants in hospital and community pharmacies. The deadline for the consultation stage has been extended to August 18. NPA training officer Ailsa Benson is looking for more pharmacists to review and test the paperwork, to establish whether training standards and protocols are appropriate and will work. Contact her on 0727 832161.



# RPSGB briefs media on sales and training move

The lay press is being briefed on the latest additions to the Royal Pharmaceutical Society's Code of Ethics — written sales protocols for medicines, and new training requirements for medicine counter assistants.

Following this month's Society Council meeting (last week, p78), it was decreed that each pharmacy must have written procedures for pharmacy assistants to follow whenever a medicine is sold, or advice on treatment sought, in place by January 1, 1995. Each member of staff involved in medicine sales must have completed, or be undertaking, a designated training course from July 1, 1996.

The National Pharmaceutical Association's head of public relations, Colette McCreedy, has welcomed the move. "This initiative has got the full support of the NPA. It is an important step towards ensuring the professional input which goes into selling medicines is clearly demonstrated to the public," she says.

Protocols will be devised by the pharmacist owner or superintendent of the pharmacy and must be regularly updated. Although the Society will not produce a model protocol, it will define what it should cover. This will include:

- medicines requested by children
- medicines for an infant or younger child
- requests for large quantities of medicines
- requests for more than one medicine containing common

## Society still looking for 'listening friends'

The Royal Pharmaceutical Society is still looking for volunteers to act as 'listening friends' for fellow pharmacists under stress.

Council member Alan Nathan, who is helping to set up the scheme, says that the Society's Benevolent Fund is providing some initial funding and about half a dozen pharmacists have volunteered for the first training course.

At this stage, the Society is looking for pharmacists who have had some experience of counselling. Mr Nathan hopes that the 'Help for Pharmacists Under Stress' scheme will start early next year (C&D February 5, p216). Volunteers should write to him or to Sue Sharpe at the Society.

ingredients

- when the pharmacist needs to be involved.

The NPA is looking at making a protocol training pack available for staff which pharmacists can use to develop protocols. The Association has vowed to "give members as much support as they need to implement both protocols and training".

Training courses must contain all the elements of level 2 of the National Vocational Qualification (NVQ) retail certificate unit 217. This is covered by the NPA assistants' training manual (available to non-members) and Boots' course for medicine counter employees. The MCA course can be supplemented with additional modules to comply with requirements. Assistants do not have to complete a course within a specified time limit.

Training accreditation will be by an independent body, yet to be announced. This body will also

review courses every five years and will re-accredit courses when the NVQ content changes, or the provider alters the course content.

Assistants who have completed a course will continue to be accredited, provided they keep up to date by attending refresher courses and educational evenings.

Those assistants already accredited, and experienced assistants who have sold medicines for more than two years without completing any training course, do not qualify for automatic exemption from the training requirements. However, if they pass the multiple choice section of the NVQ paper, there is no need to take any further training.

'Casual' medicine counter assistants will have to complete an induction course in the pharmacy and follow the shop's protocol for medicine sales. Pre-registration students and pharmacy technicians will be exempt from the training requirements.

## ALPS reaches its first high

The first meeting of the five-month-old Association of Local Pharmaceutical Secretaries has resulted in an approved constitution and the appointment of an eight-strong committee.

The 47 LPC representatives attending an inaugural meeting on July 17 saw Dr D H Maddock (Cornwall & Isles of Scilly) voted in as chairman, Jean Rothwell (Bolton) as secretary and Jeremy Clitherow (Liverpool) as treasurer.

In addition, R Allison (Northampton), M Levitan (Middlesex Group), D Millington (Devon), G F Paisley (Coventry) and A Rutherford (Avon) will make up the management committee (officers ex officio).

Encouraged by the 50 per cent attendance, the new treasurer, Jeremy Clitherow, says the new Association was formed in late February out of grass roots' demand for a contractors' association independent from the Pharmaceutical Services Negotiating Committee. The aim, he says, is to "improve our product and liaise with each other to bring up the standards of excellence".



## FHSAs to get their teeth into dentistry

Family health services authorities are to take responsibility for purchasing local dental services if the changes outlined in a new Green Paper get the go-ahead.

If accepted, the terms of the new consultative document, 'Improving NHS Dentistry', will enable FHSAs or the newly-merged local health authorities to tailor the level and type of treatment on offer to local need.

This, said Dr Brian Mawhinney (Health Minister when the document was issued), will ensure that resources are more accurately targeted and that dentists can

offer more flexible care.

The idea of the reform is to implement a preventive rather than restorative NHS dental service which emphasises quality not quantity of care.

To encourage dentists to participate, short- to medium-term financial incentives will be offered. These could include a sessional fee system, based on payment for time spent treating an NHS patient, or a revamped version of the current system where dentists are paid a fee per item of service.

The idea behind the changes is to ensure that the system works

"simply, fairly and effectively for both dentists and their patients", said Dr Mawhinney.

The benefit for the patient will be that quality of care should improve, although those currently exempt or remitted from charges may have to pay for treatment — albeit at a reduced rate. Treatment for children will still be free.

The Green Paper builds on the options set out in last year's Bloomfield and Health Select Committee reports and should, pending the results of the consultation, lead to legislation at the end of 1995 or early 1996.



# Health Committee pushes for national formulary

The Commons Health Committee has recommended that there should be an NHS Prescribing List — a 'white list' containing a wide spectrum of products the NHS is prepared to buy.

The list would automatically include all drugs at the time of launch and for five years afterwards. This would give time to assess their therapeutic value, after which each drug would be reviewed according to the criteria used for the current Selected List.

Drugs found to be less effective than competitors, or more costly with no therapeutic advantage, would then be excluded from NHS prescription. In this way a 'national formulary' could be built up in a rational manner.

The Committee believes that a National Prescribing List would be a major step towards achieving more appropriate prescribing, while safeguarding the principle that drugs for which there is a need must always be available.

The Committee says there are serious imperfections in the Selected List scheme, particularly the fact that neither the industry nor patients are consulted before new categories are included. But the MPs were not convinced by industry arguments that the Selected List is detrimental to research.

The recommendations appear in a report published this week, *Priority setting in the NHS: the NHS drugs budget, volume I* (HMSO, £11.40).

The Health Committee comes out in favour of generic substitution, as long as the quality control requirements for generics are as rigorous as those for branded medicines. The final choice as to whether the patient receives a branded or generic

medicine should rest with the doctor, with a system operating on a 'tick-in' basis.

Some form of sanction should be available against GPs who persistently prescribe inappropriately, the Committee suggests, and FHSAs should be empowered to insist on practice formularies.

The Committee believes that pharmaceutical advisers have an essential role to play in fostering appropriate and cost-effective prescribing. Every FHASA in the UK should therefore be required to appoint a pharmaceutical adviser.

The report supports the Royal Pharmaceutical Society's call for greater emphasis to be placed on the *British National Formulary* during a GPs' training. The *BNF* should contain a standardised unit cost for comparable drugs, eg the cost of 28 days' supply.

The Committee is unconvinced that the present voluntary Code of Practice on the marketing of drugs is rigorously applied. It suggests that the industry watchdog body, the CAP Committee, should also include nominees from the Department of Health, the British Medical Association and consumer groups.

Companies breaching the Code could, at the Department's discretion, have their promotional allowance reduced under the Pharmaceutical Price Regulation Scheme, the MPs say.

The PPRS itself comes in for criticism, with the Committee recommending a review by the National Audit Office before the end of its current five-year span.

The present scheme is flawed, the Committee believes. If the Government persuades doctors to prescribe more generic drugs, the manufacturers of the equivalent brand names are able, legitimately, to restore their pre-agreed profits by increasing their prices. This frustrates the Government's aim of reducing the overall drugs budget.

The DoH is urged to introduce more transparency into the PPRS by publishing an annual report

giving greater detail of profits declared by companies and the amount they claim to have spent on research.

For POM to P moves it is vital that adequate information is given to patients. "It would be imprudent to assume that when a medicine is licensed for Pharmacy sale, it will invariably be sold after adequate consultation with a pharmacist," the report says. The DoH should ensure that clear written information is provided to every customer wishing to use a 'switch' medicine.

The Committee says it is unreasonable that patients should have to pay the full prescription charge for items costing less than £4.75 and suggests there should be a system where pharmacists may dispense such items privately.

The government is urged to look into ways of eliminating the potential for fraud in the present system of charges. One idea might be to issue a smart card to people who are exempt. The Committee also seeks a review of the exempt categories.

The DoH is understood to be lukewarm over the idea of a national formulary. It is not bound to act on the Committee's recommendations. The Society welcomes the advice to FHSAs on the role of pharmaceutical advisers, but opposes a national formulary, as does the ABPI.

- Introduction of a 'white list' or national formulary
- Less secrecy over the PPRS and review of the scheme
- Generic substitution, subject to two provisos
- Written information for patients on medicines which have switched from POM to P
- Encouragement for the use of GP formularies
- All FHSAs should employ a pharmaceutical adviser
- Pharmacists should be able to dispense privately items costing less than the NHS prescription charge.

## UKCPA seeks wider base in community

The United Kingdom Clinical Pharmacy Association is eager to meet the educational needs of community pharmacists.

The organisation is perceived as being hospital pharmacy-biased, but is now "determined to promote the concept of clinical pharmacy within the community setting".

A study day has been scheduled to deal with clinical pharmacy issues in a community surrounding. It will tackle drug monitoring, recognition of problem prescriptions and ways to deal with difficult GP situations. It takes place on August 14 at the Hillington Prince Hotel, Reading. Contact Pat Kennedy on 0533 552020 for details.

## Needle exchange moves East

Eight pharmacies have joined the East London Pharmacy Needle Exchange Scheme, making it London's biggest such project.

The new-look scheme brings on board two more Newham pharmacies, three in Hackney and three in Tower Hamlets. It will be run by the City & East London FHASA together with the Association for the Prevention of Addiction, which is managing the scheme and providing back-up services. Prior to the launch, Lambeth offered London's biggest needle exchange scheme.

For the past four years, just six Newham pharmacies have been involved in needle exchange, but drug agency information now suggests that the three areas' injecting drug users (IDUs) are not getting sufficient access to free, clean needles.

Says Philip Jones, pharmacist facilitator at City and East London FHASA: "Some chemists have said they have sold needles, but if we can provide free injecting equipment, then this will go some way to approaching, if not reaching, the Health of the Nation targets."

It is hoped that the 14 pharmacies now on-line will eventually be able to refer IDUs to the APA's 493 project on harm minimisation and healthcare.

Financing will be provided by the APA and, during 1994-95, participating pharmacies will receive a £50 fee for the coming three months. An additional £1 will be paid for every successful transaction (50p pack out, 50p sharps in). Record cards will be used to assess payment due.

Supplies and returns will be handled by the APA.

## Birmingham LPC seeks solidarity

Birmingham Local Pharmaceutical Committee is to ask Boots and Co-op branches to tender their resignation to the welfare milk scheme (*C&D* July 4, p4).

"It would give us greater solidarity if these chemists join us. They are selling us short," says Jane Nicholls, West Midlands regional PR officer.

The majority of pharmacies in the area have now withdrawn from the scheme and are working out their eight weeks' notice.

The health authorities have resurrected around 40-50 welfare milk clinics to ensure supplies remain available to customers.

## PSNC puts out feelers on pay

The Pharmaceutical Services Negotiating Committee has made early representations over the 1995-96 pay round, prior to a formal claim nearer Christmas.

Chairman David Sharpe said last week that the Committee had written to the Department of Health earlier than usual because the Health Secretary had agreed to have a "constructive dialogue" on working capital.

"Our best advice was that, as significant sums of money are involved, they should be included

in the Public Expenditure Survey estimates that are brought together from June onwards at the Treasury," said Mr Sharpe.

PSNC has also drawn attention to pharmacy contractors' productivity record. "Contractors haven't been funded in any way for productivity increases and we have made a strong argument indeed," he said. There has been a considerable decline in contractors' average core gross profit — from 23.1 per cent in 1987-88 to a forecast 15.8 per cent in 1994-95.



## Locals foil Safeway

Proposals to switch dispensing from R Brockway Pharmacy, Llanishen, Cardiff, to the local Safeway store have been foiled by local opposition. Locals described the R Brockway Pharmacy as a vital part of the community. South Glamorgan FHSA turned down the application, saying that the area around the supermarket was already well served.

## Boots' silence

Boots has opted to minimise publicity about two "deplorable" attacks on pharmacies and opticians in Torquay and Tavistock last month by animal activists. Says a company spokeswoman: "These people are doing it to get publicity so the least said the better."

## Medicine mountain

An on-going DUMP campaign through Croydon pharmacies has resulted in the return of two tonnes of medicines since last August.

## Advisers meet

At the annual meeting of the Pharmaceutical Advisers, the following officers were elected: Rosalind Grant (Avon FHSA) to chairman, Sharon Hart (Bucks FHSA) to vice chairman and Mike Beaman (Barnet Health Agency) to secretary and treasurer. The group's terms of reference have also been amended to include advisers to health agencies.

## Blood money

Calderdale LPC is seeking more funding, after a successful end to its blood pressure screening pilot. The scheme, which lasted for 12 months, took in 668 people at 26 participating pharmacies and resulted in 77 referrals to the GP.

## MDA on the way

Tom Sackville, Junior Health Minister, announced in the Commons that the Medical Devices Directorate would be established as the Medical Devices Agency from September. The purpose of the Agency is to protect the public health and safeguard the interests of patients and users by ensuring that medical devices and equipment meet appropriate standards of safety and performance.

## MCA scrutiny

The review of the agency status of the Medicines Control Agency (MCA) is now under way. The inspection, the results of which are not expected before the end of the year, will evaluate the performance of the MCA. Comments and contributions on the Agency should be sent to Kate James, MCA Review Team, Room 360C, Skipton House, 80 London Road, London SE1 6LW.

# Prescribing advice to GPs to be funded?

There is a strong chance that prescribing advice to general practitioners will be one of the new services promoted through local budgets in 1995-96.

David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, said last week that PSNC was still not 100 per cent certain what these new services would be and what percentage of the global sum would be transferred to local budgets, but the figure was likely to be 2-3 per cent.

He asked community pharmacists who were currently advising local GPs on prescribing to contact PSNC in Aylesbury to make sure the office was fully aware of how these services were being carried out. PSNC would be particularly interested to hear of any measurable outcomes.

Mr Sharpe went on to add that there was also a good chance that — subject to adequate remuneration — payments for

visits to residential homes would be extended to nursing and children's homes, but not to hospices.

If out of hours service payments were devolved, it was likely that local authorities would look for more flexibility, perhaps relating the service to surgery hours.

**Discount inquiry** PSNC has approved the discount inquiry report, but cannot disclose at this stage what the figure is likely to be.

**Compensation scheme** Discussions are continuing on the proposed compensation scheme for phar-

macies agreeing to surrender their NHS contract and PSNC will issue a paper to contractors as soon as possible.

**Meeting with Labour MPs** PSNC is concerned that Labour's recent health strategy document had made no mention of pharmacy. David Blunkett, Shadow Health Secretary, has already apologised and Mr Sharpe was to meet John Gennell, secretary of the backbench health committee this week. A meeting with Dawn Primorola, Shadow Health spokeswoman, has been arranged for October.

## Keele University pilots IMPACT in West Midlands

Community pharmacists in Staffordshire and Wolverhampton are visiting local general practitioners with information and prescribing advice, thanks to a pilot scheme initiated by Keele University.

The IMPACT (Independent Monitoring of Prescribing Analysis Costs and Trends) project gives pharmacists an opportunity to "provide GPs with totally independent advice on prescribing", says Dr Steve Chapman, director of prescribing analysis at Keele. The scheme was initiated in conjunction with West Midlands Regional Health Authority.

Ten specially-trained pharmacists have been provided with locum cover to visit GPs once a week and discuss key topics and areas for change. Briefing packs and summary cards detailing

impartial clinical data and prescribing issues are used in the style adopted by pharmaceutical representatives.

In preparation, the pharmacists have received comprehensive training in clinical pharmacy, pharmacology and interview skills.

The outcomes of the interviews are assessed by the project steering committee, based at Keele, which consists of pharmacists, doctors and other healthcare professionals. Relevant data is then passed on to Staffordshire and Wolverhampton FHSAs for action.

So far, 240 GPs have been visited since the project started in May, with an aim to visit at least two-thirds of all GPs by the end of the campaign. Each GP will be visited once every four months.

A report will be published at the end of the year using PACT data for each practice. Dr Chapman hopes to adapt the pilot scheme for other interested FHSAs in the future.

## Selected List by autumn?

The Advisory Committee on NHS Drugs, which is looking at the new categories to be added to the Selected List, will complete its work by the autumn. But the number of medicines to be blacklisted will be "very small", according to Department of Health under-secretary Melvyn Jeremiah.

He admits that when the DoH acted on its own, without involving the industry, it had "cracked a genie out of the bottle which we are still having problems with". The Committee has been faced with a "most exceptionally difficult task because a lot of companies came back to discuss prices. The Committee had to look at the level at which it was no longer beneficial to blacklist a product".

Mr Jeremiah rules out any further extensions to the List.

## Dove faces dispensing threat by GPs

NPA vice-chairman Wally Dove faces losing 42 per cent of his NHS prescription business if an application to dispense by local GPs is granted. The drop in turnover could force the pharmacy in Faringdon, Oxfordshire, which he bought in December 1992, to close.

"We paid the market price for it and face a massive drop in capital value," comments Mr Dove. "We will be unable to service bank requirements."

Official notice of the application from Dr Humphreys and his four partners arrived from Oxfordshire FHSA on July 7, but Mr Dove has not been taking the news lying down.

In a face-to-face meeting with the doctors he has spelt out the consequences of their move on him and his 12 staff. He has raised the issue in interviews on a number of local radio stations.

So far 2,700 residents from a local town population of around 5,000 have signed a petition supporting the pharmacy, the only one in the village. The pharmacy also operates an extensive prescription delivery service via post offices and direct to around 50 homes a day.

Should the GPs be successful in their application, over half their list will move from being prescribing to dispensing patients. Already in the Oxford region 22 per cent of dispensing is done by doctors.

## Government's Cabinet reshuffle

As C&D went to press, there was only limited information available concerning the proposed moves affecting the healthcare sector in the Government's Cabinet reshuffle.

It has been confirmed that Virginia Bottomley, true to her word, will remain as Secretary of State for Health.

However, Minister for Health Dr Brian Mawhinney moves on from his present post to take up the mantle of Secretary of State for Transport.

Full details of these and other moves next week.



## Success for North West pharmacist-GP meetings

Joint pharmacist-GP meetings within St Helens & Knowsley Family Health Services Authority are to be expanded.

FHSA pharmaceutical advisor Mark Pilling says: "We are going to hold a launch meeting in September for a second wave of pharmacists and GPs. We are hoping to double the number of people involved."

The FHSA initiated regular meetings last November between 28 GPs and 10 community pharmacists in an attempt to improve prescribing habits.

An analysis of PACT data over the first six months of the scheme reveals a 7 per cent increase in generic prescribing in participating practices, compared with 5 per cent among non-participants.

Highlighting generic presentations of bronchodilator inhalers has produced a 60 per cent increase in the prescribing of generics.

Rationalisation of ulcer-healing therapies has also been introduced, with a 12 per cent increase in cimetidine prescriptions. Reductions have also been recorded in appetite suppressant and cerebral and peripheral vasodilator prescribing.

Pharmacists are paid £50 for each meeting they attend, recognising that they determine the topics discussed and also chair meetings. Mr Pilling says locum cover is not funded, "but this is something we feel we need to actively consider".

The North West Regional Health Authority has committed funding for the project during 1994-95.

## New role supports advisors

South Thames (West) Region is to appoint a drug information specialist dealing solely with primary and community care.

A decision to expand the number of medical and pharmaceutical advisors within the region highlighted the need for additional drug information support. Director of the region's drug information services Tina McKee says: "The drug information service was a secondary-led service, although we have done work for the primary sector."

The primary and community care liaison pharmacist will help advisors with aspects of prescribing such as drug reviews, shared care protocols and examining therapeutic categories.



## Rural arena is obvious route to integrated care

I expect that, given time, the problems in Durrington, Wiltshire, will be overcome; neither the opportunism of Boots nor the protectionist attitude of the local doctors can be in the long-term interests of their patients.

Of the two, I suppose the antagonism of the doctors is the more understandable, but now the whole saga threatens to be repeated in nearby Shrewton, where Mr Dajani has been accused of "victimising" the local dispensing doctors (C&D July 16, p76).

I am surprised at this reaction since, under the present regulations, no new pharmacy could be established in this village if it was shown that this would prejudice the existing medical or pharmaceutical services. Is it now "victimisation" for a trained professional to practise his profession in preference to the limited service previously available from alternative untrained personnel?

In the same C&D, a Utopian view of inter-professional co-operation was outlined in 'Open all hours' (p80), where the health requirements of the patient were driven by *their* needs rather than the competitive ambitions of the providers.

Without examining the practicalities of his own suggestions, the author nevertheless poses fundamentally simple questions which superficially appear to have equally simple answers. The problems of rural professional antagonism do, however, succinctly demonstrate the complexity of achieving such obvious solutions.

In the rural area, co-operation between all health professionals would appear to be the obvious route to achieving an integrated health service for the patient. The inherent commercial problems of urban practice do not exist and, given goodwill, Utopia could quickly become reality.

It is a sad reflection on the insularity of all the involved professions that rural self-interest precludes the development of systems which could become the model for universal future development.

## A generic monopoly?

In response to the general encouragement to prescribe generically, I find that I am receiving an increasing number of prescriptions for co-amlofruse rather than Frumil or Lasoride. So far so good, and highly commendable, but when I go to buy co-amlofruse I am finding that the only generic available to me is another branded co-amlofruse, Fru-Co made by Baker-Norton, and at a mammoth saving of 13p per 28 tablets over Lasoride!

On further investigation, I find that APS does not list co-amlofruse, but it is owned by Rhône-Poulenc which makes Frumil. Cox Pharmaceuticals likewise does not list a generic, but it is owned by Hoechst which makes Lasoride. Now the combined generic cost

(according to my calculations) of 28 tablets amiloride plus frusemide is 73p, so it cannot be in Baker-Norton's interest to compete with itself by launching a genuine generic equivalent when it is presently the lowest priced 'generic' and is making a conservative £2.50 on every packet of 28 I supply.

There surely must be some entrepreneurial manufacturer out there capable of breaking this monopoly? Or alternatively all pharmaceutical advisors to family health services authorities should be making strenuous efforts to acquaint GPs of the error of their ways and strongly suggesting they give co-amlofruse a miss and prescribe amiloride and frusemide separately.

## A job for the FHSA?

We are all creatures of habit, and pharmacy customers are no exception. A system that appears to work well will always be accepted as eminently satisfactory, but very few of its users will ever question how it could be improved or how it evolved to its present position.

The recent Walsall study into public attitudes to community pharmacy (C&D July 16, p78) confirms this general satisfaction with pharmaceutical services, but also highlights the lack of public awareness of many of the services offered.

When I am under pressure in the pharmacy, with constant calls upon my counselling time, it is easy to assume that the whole world appreciates my existence. In reality I am so close to the action that most of my self-promotion probably preaches to the converted!

Walsall Family Health Services Authority intends rectifying this situation by promoting pharmacy, but Walsall cannot be unique and now that most FHSAs are looking to raise their public profile, here is a national problem which can be tackled by locally-funded initiatives.

Community pharmacy could benefit enormously by co-operation between FHSAs and local pharmaceutical committees. With money at last being released, what better way to spend it than to educate the public and acquaint them with the services of their local community pharmacy?

# Topical REFLECTIONS



# Scriptspecials

## Recombinant hepatitis B vaccine

Merieux has launched H-B-Vax II, recombinant Hepatitis B Vaccine MSD, which it is distributing on behalf of Merck, Sharpe & Dohme. H-B-Vax II is a non-infectious sub-unit viral vaccine consisting of surface antigens of hepatitis B virus produced in yeast cells by a recombinant DNA technique.

It is indicated for immunisation against infection caused by all known subtypes of the hepatitis B virus. Vaccination is recommended for people of all ages who are, or will be, at increased risk. In areas of low prevalence, vaccination should be limited to groups of people at increased risk of infection.

The immunisation regimen consists of three intramuscular doses of vaccine. The second dose is given one month after the first and the third dose six months after the first. The recommended dosage is 0.5ml of sterile suspension (5mcg hepatitis B surface antigen) for children aged 10 and younger, and 1ml of suspension (10mcg hepatitis B surface antigen) for adults and children over 10.

H-B-Vax II is available in packs of 1ml single-dose vial. The basic NHS price for a single vial is £11.95. Merieux UK Ltd. Tel: 0992 467272.

## ACBS give up skin products

The Advisory Committee on Borderline Substances (ACBS) has decided to relinquish responsibility for licensed dermatological medicines. Products in this therapeutic category are being reviewed by the Advisory Committee on NHS Drugs (ACD).

Although the products have been deleted from the ACBS list of products, they are still prescribable on the NHS.

The ACBS has withdrawn its recommendation for the following: Alphosyl 2-in-1 Shampoo, Betadine Shampoo, Betadine Skin Cleanser, Capitol Gel, Ceanel Concentrate, Gelcotar Liquid Shampoo, Genisol, Ionax Scrub, Ionil T Shampoo, Polytar Emollient, Polytar Liquid, Polytar Plus, Ster-Zac Bath Concentrate, T-Gel Shampoo, and Temosol.



## Orgafol for infertility

Orgafol is a new gonadotrophin preparation from Organon Laboratories for the treatment of infertility. Each ampoule of Orgafol contains 75 IU urofollitrophin (human follicle stimulating hormone — hFSH) in a freeze-dried sterile preparation.

Orgafol is indicated for the treatment of male and female infertility disorders caused by inadequate gonadotrophin stimulation of the gonads, and for controlled superovulation in medically-assisted reproduction programmes such as *in-vitro* fertilisation (IVF), gamete intra-fallopian transfer (GIFT) and intra-uterine insemination (IUI).

The large individual variations

in the response of the ovaries to exogenous gonadotrophins such as urofollitrophin makes it impossible to set a uniform dose. Dosage is adjusted according to the individual response of each patient.

Urofollitrophin is used in conjunction with chorionic gonadotrophin and sometimes with clomiphene in *in-vitro* fertilisation procedures.

Orgafol is available in packs of one ampoule, plus one solvent at a basic NHS price of £9.75 and packs of ten ampoules at £95. The ampoules should be stored in the dark between 2-30°C. Organon Laboratories Ltd. Tel: 0223 423445.

### Medical Matters

## US consensus on *H pylori*

"Ulcer patients with *Helicobacter pylori* infection require treatment with antimicrobial agents as well as antisecretory drugs whether on first presentation with the illness or on its recurrence." This is one of the main conclusions of the US National Institutes of Health Consensus Development Conference on *H pylori* in peptic ulcer disease.

The panel also concluded that the value of treatment of patients with non-ulcerative dyspepsia and *H pylori* remains to be determined, and that the relationship between *H pylori* infec-

tion and gastritis requires further investigation.

• Cortecs International has signed an exclusive sales and distribution agreement for Japan for its current and future range of *Helicobacter* test kits for detecting *H pylori* antibodies in saliva and whole blood. Japan has a very high incidence of peptic ulcers, gastritis and gastric cancer. Cortecs has already launched the Helisal Rapid Blood Test in the UK (C&D June 18, p1048). A thumb prick blood sample allows GPs to detect the presence of *H pylori* in a few minutes.

## Duovent MDIs

There have been reports of improper dose delivery from Duovent's metered aerosol which has been associated with a rattling sound on shaking the aerosol. These occurrences have all been reported from batch number 36054, distributed between February 23 and March 1. Duovent aerosols should be shaken prior to dispensing and any cannister giving a rattling sound should be returned to the company for credit. Boehringer Ingelheim. Tel: 0344 424600.

## PSNC notes

The PSNC says that although Allergan 1-Step Combi Pack is not included in the Drug Tariff Part XVIII, it is not prescribable because it is a combination of other blacklisted items. Due to supply problems the DoH has agreed to change thioridazine tablets 25mg to Category D for July scripts. Manufacturer/brand and pack size should be endorsed.

## Proctosedyl storage

The storage requirements for Proctosedyl Ointment and Suppositories are changing to 'Store cool below 25°C'. New packs with revised labelling will appear when existing stock is exhausted. Roussel Laboratories Ltd. Tel: 0895 834343.

## Rhinolast 20ml

Asta Medica is replacing the 2 x 10ml presentation of Rhinolast (azelastine) with a 20ml bottle. Price is unchanged. Asta Medica Ltd. Tel: 0223 423434.

## Intal Compound

Intal Compound will be phased out towards the end of 1994. Fisons says isoprenaline sulphate is no longer considered to be the most suitable bronchodilator for use in this type of product and coincidentally, it has been unable to secure long-term supplies of the drug. The early notification should give doctors time to discuss alternative therapy with patients. Fisons Pharmaceuticals. Tel: 0509 634000.

## B-D Micro-Fine Plus

The new B-D Micro-Fine Plus Lancet (28G) is now available on the Drug Tariff. Becton Dickinson UK Ltd. Tel: 0865 748844.

## New BDA leaflet

'Diabetes — What Care to Expect in Hospital' is a new leaflet for both health professionals and diabetics from the British Diabetic Association. It includes guidelines on the treatment of diabetics in hospitals. It is free to people with diabetes and £0.40 to others. Copies from Supplies and Distribution Department, BDA, 10 Queen Anne Street, London W1M 0BD. Tel: 071 323 1531.



# The new way to bring a child's fever down



At last, you can recommend the antipyretic and analgesic benefits of ibuprofen for children.

Junifen's antipyretic action is greater<sup>1,2</sup>, longer lasting<sup>1,3,4</sup> and more rapid<sup>2,4</sup> than paracetamol's.

Its efficacy in relieving pain is proven in years of prescription use<sup>5,6</sup>.

And it's as well-tolerated as paracetamol<sup>7</sup>.

Free of sugar and colour, the orange flavoured Junifen suspension is the one to recommend for childhood pyrexia and pain.

## Junifen

IBUPROFEN SUSPENSION

Now you have a choice for fever  
and pain in children

**PRODUCT INFORMATION:**  
**Product:** Junifen Suspension: 5ml contains 100mg ibuprofen BP. **Indications:** For the reduction of fever and relief of mild to moderate pain in children between the ages of 12 months and 12 years. **Dosage and administration:** Children 1-2 years: One 2.5ml spoonful 3-4 times a day, children 3-7 years: One 5ml spoonful 3-4 times a day, children 8-12 years: Two 5ml spoonfuls 3-4 times a day. Do not exceed 4 doses in any 24 hours. **Precautions and warnings:** Junifen should not be given to children with stomach ulcers or other serious stomach disorders. Patients receiving regular medication, asthmatics, anyone allergic to aspirin and pregnant women should be advised to consult their doctor before taking Junifen. Not recommended for children under the age of one year or weighing less than 7kg (16lb). If symptoms persist for more than 3 days patients should consult their doctor. Adverse effects reported include: dyspepsia, gastrointestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. **Product licence number:** PL 0327/0077.

**Licence holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA. **Legal category:** P. Price: Junifen Suspension: 100ml £2.65.

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2. Sidler J., *et al.*, Brit. J. Clin. Pract., Suppl. 70, 44, (8), 1990, 22.
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7. Data on file, Crookes Healthcare Ltd.



NOW AVAILABLE WITHOUT A PRESCRIPTION

CROOKES  
Healthcare



# ONE PROBLEM THREE SOLUTIONS!



## THE PROBLEM

Diarrhoea affects people differently. So each sufferer needs to be treated in an individual way.

## THE SOLUTION

Diocalm is the only brand that has a full range of treatment

## THE ACTION

Powerful POS material and National Pharmacy Education Programme.



# £1m

## Support Package

Stock now to meet your customers needs!

# Diocalm

Effective relief from diarrhoea to suit your individual needs.

**SB** SmithKline Beecham  
Consumer Healthcare



© Diocalm Ultra. **Product Information.** Presentation: Opaque brown and turquoise capsule containing 2 mg loperamide. **Use:** Treatment of acute diarrhoea. **Dosage and administration:** Adults, children 12 years and over: 2 capsules initially, followed by 1 capsule after every further diarrhoea episode, maximum 8 capsules in 24 hours. If symptoms persist for more than 24 hours, a doctor should be consulted. **Children under 12:** not recommended. **Contraindications:** None stated. **Precautions:** Do not exceed the stated dose. Diocalm Ultra is for symptomatic relief only and is not a substitute for rehydration therapy. **Adverse reactions:** Skin reactions, incl. urticaria have been reported. **Product licence number:** 0079/0288. **Retail price:** Capsule (6's) £2.49, 12's £4.26. **Legal category:** P. © Diocalm Dual Action. **Product Information.** Presentation: Brown flat bevelled edge tablet engraved Diocalm on one face and with a breakline on the other, containing per tablet morphine hydrochloride 0.395 mg, activated attapulgite 312.5 mg, attapulgite 187.5 mg. Also contains sucrose. Carbohydrate content 0.7 g per tablet. **Use:** Relief of acute diarrhoea and associated pain and discomfort. **Dosage and administration:** Adults, children 12 years and over: 2 tablets. **Children 6 to under 12 years:** 1 tablet. Chew tablets and swallow with water. Take 1 dose every 2 to 4 hours as required up to a maximum of 6 doses in 24 hours. If symptoms persist for more than 48 hours, a doctor should be consulted. **Children under 6:** not recommended. **Contraindications:** Impaired renal function. **Precautions:** Do not exceed the stated dose. As well as taking Diocalm tablets, it is important to replace body fluids lost during diarrhoea. **Adverse reactions:** None stated. **Product licence number:** 0079/0219. **Retail price:** Tablets (20's) £2.43 (40's) £3.96. **Legal category:** P. © Diocalm Replenish. **Product Information.** Presentation: Sachet of white powder with an odour of orange, containing anhydrous glucose 4.0g sodium chloride 0.35g, sodium citrate 0.59g, potassium chloride 0.30g. Also contains saccharin. **Use:** To prevent and correct dehydration, by replacing fluid and electrolytes lost during diarrhoea. **Dosage and administration:** Adults, children 12 years and over: 1 or 2 sachets after each bowel movement. **Children 6 to under 12:** 1 sachet after each bowel movement. **Children 1 to under 6:** 1 sachet after each bowel movement up to a maximum of 9 sachets in any 24 hours. It is important to use the correct amount of water. Dissolve contents of each sachet in 200 ml before treatment. Begin treatment as soon as possible after diarrhoea starts. Stop treatment when diarrhoea stops. If symptoms persist for more than 48 hours, a doctor should be consulted. **Children under 1 year:** not recommended. **Contraindications:** None stated. **Precautions:** Unused solution should be thrown away after one hour, unless kept in a refrigerator, when it may be used for up to 24 hours. **Adverse reactions:** None stated. **Product licence number:** 0079/0228. **Retail price:** Sachets (5's) £1.88. **Legal category:** P. **Date of preparation:** 17th June 1994.

Diocalm, Diocalm Ultra and Diocalm Replenish are Registered Trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone Number: 081 974 4014



# Counterpoints

## Grooming by Armani

A pre-Christmas bonus from Parfums Giorgio Armani is the Armani Homme Collection.

This comprises travel sizes of the eau de toilette spray, after shave balm, bath and shower gel and deodorant in an elegant coffret. Available from September 12, the Collection retails at £25. **Prestige & Collections Ltd. Tel: 081 979 6699.**

## Van Cleef jewel

Renowned jeweller and perfumer Van Cleef & Arpels has launched a new signature scent, Van Cleef.

A floral oriental, it is the sixth fragrance to join the company's portfolio and the fourth for women. Van Cleef & Arpel's last introduction was Miss Arpels (not available in the UK until next year).

The new fragrance is a combination of citrus and sweet notes with a floral heart of rose, jasmine and orange blossom. It also has warm notes of cedar, musk and vanilla.

The bottle design acknowledges the jewellery heritage, resembling a diamond. It is packaged in a deep blue carton with gold highlights.

The range comprises: 5ml, 30ml and 50ml perfume (£10, £67 and £85 respectively); 50ml, 50ml vapo, 100ml and 100ml vapo eau de parfum (£38, £39, £55 and £56 respectively); 50ml vapo eau de toilette (£29.50); body lotion (£26); and bath & shower gel (£24).

On counter nationwide from September 12. **Sanofi Beaute Ltd. Tel: 071 963 5076.**

## Nivea takes to the milky way

Combining the moisturising elements of Nivea Body Lotion with gentle cleansing properties has given Beiersdorf its first Shower Milk. A Nivea shower gel and hair & body shower creme already exist and the company says it is looking to create a range of shower products. Indeed, the new product will sell alongside the other two.

With this launch, the Nivea brand is taking on the premium end of the shower market, currently dominated by Oil of Ulay 2-in-1, Dove and Badedas. It claims that the skin care

sector accounts for 7.5 per cent of the total shower care market, currently worth £91 million. The company believes that the Nivea launch will boost this growth, predicted to become at least 20 per cent.

Research carried out by Nivea revealed that women are now demanding shower products which not only offer efficacy and superior skin care benefits, but which are also available as 2-in-1s.

The launch will be supported by a £400,000 campaign in the women's press and extensive

trialling activity with a 50ml product. A total of £13m will be spent on brand support during the coming year.

Shower Milk is colour-free, pH-neutral and dermatologically tested. It will retail for £2.75 for 250ml from August.

• Nivea Soap and Nivea Talc have just been relaunched. Both lines have been repackaged in vibrant, modern packaging. The soap is available in a twin- and triple-pack at 72p and the talc is available in 250g and 300g sizes for £1.19 and £1.39 respectively. **Smith & Nephew Consumer Products. Tel: 021 327 4750.**



## New-look tooth gel

Woodward's has relaunched its teething gel with new, more consumer-friendly packaging. The new-look pack gives clear and simple instructions on how to relieve babies' discomfort.

The formula has remained the same — sugar-free, with no artificial colours. **LRC Products Ltd. Tel: 081 527 2377.**

## Shades of yesterday

Due to popular demand, Max Factor International is bringing back its Transparent Burgundy shade in the Lasting Colour Lipstick range. The colour had been discontinued only recently.

The new formulation, available from November, will retail at £3.49. **Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 081 231 8674.**

## Hello to aloe

E T Browne, maker of Palmer's Cocoa Butter Formula, has just branched into another natural moisturising proposition with Palmer's Aloe Vera Formula.

The range is based on a formulation of 100 per cent pure aloe vera, renowned for its soothing properties, as well as being enriched with vitamin E.

The range comprises: Aloe Vera Formula Gel (113g jar, £3.29 and 300ml bottle, £3.49); Aloe Vera Formula Lotion (400ml, £3.99); and Aloe Vera Formulated Medicated Lip Balm (4g, £1.35).

The launch will be supported by an extensive promotional campaign including sampling in major women's magazines. **E T Browne UK Ltd. Tel: 081 532 9224.**

## Barclay gets travel bag bug

A special promotion travel bag is on offer to Barclay Enterprise customers, thanks to a link-up with Vidal Sassoon Appliances.

The offer comprises a 1200W foldaway hairdryer,

travel plug adaptor, set of styling brushes and waterproof bag with Vidal Sassoon logo. It retails at £14.99 while stocks last. **Barclay Enterprise. Tel: 0782 784444.**

## All-day moisture foundation

Max Factor International has reformulated its Ultra Moist foundation. It now claims to offer continual moisturising for up to eight hours.

Research carried out for the company showed that many women believe moisturising is an important aspect of any

kind of foundation.

Ultra Moist boasts 'moisture molecules' which continually attract moisture from the air to the skin, slowly releasing it throughout the day. Added silkeners form a veil to help protect skin from the environment.

The product carries both

hypo-allergenic and fragrance-free claims and comes in five shades (ivory beige, creme beige, natural beige, almond beige and honey beige). Presented in a 35ml bottle, it will retail at £4.99 from October.

**Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 081 231 8674.**





# Gerard's herbal exclusive

Gerard House is exclusively promoting a one-stop Specialist Centre for its herbal products to pharmacies.

The Specialist Centre is a metre-wide pine display unit with a comprehensive herbal range, including essential oils, beauty products and information leaflets.

The package is offered at £871.20, a discount of 20 per cent on normal trade price, with 15 per cent off further products ordered.

The launch is supported with pre- and post-installation training from representatives, educational leaflets, product manuals and an information line for staff.

The company is providing window stickers and advertising in the national press and magazines. Local advertising is also planned.

Gerard House is sponsoring the charity Plantlife, with membership leaflets and dispensers for

pharmacies, and has commissioned the new fountain at London's



Geffrye Museum. **Gerrard House Ltd. Tel: 0582 487331.**

## Lavender gel for problem skin

Tisserand Aromatherapy is introducing Lavender Gel, a soother for all-over body use, which the company claims is useful for general skin problems and is particularly efficient in helping to heal chickenpox spots more quickly than calamine lotion.

The gel is a blend of aromatic lavender and other pure essential oils, together with soothing Yarrow water. Lavender is known for its antiseptic and calming properties, while Yarrow water has astringent qualities.

Packaged in a pump action dispenser, it will retail at £4.10 for 50ml.

• To support the launch, with every 12 units ordered, a free tester will be supplied. **Tisserand Aromatherapy. Tel: 0273 325666.**

## Windsor's pain advice

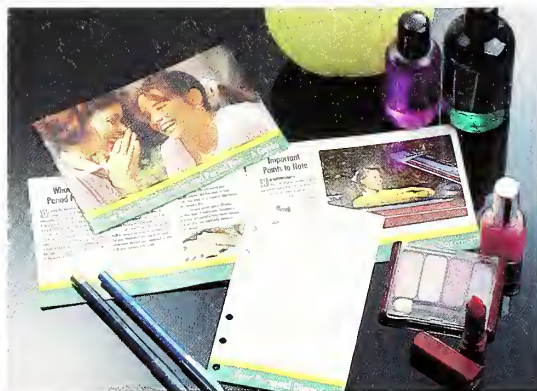
Windsor Healthcare's Buscopan, the first POM to P anti-spasmodic, has introduced a consumer advice booklet on menstruation and dysmenorrhoea.

Entitled 'Your Body, Menstruation and Period Pain — A Guide', it contains information and advice on the female reproductive system, the menstrual cycle, period pains, healthy eating and exercise. It encourages

consumers to record the dates of their menstrual cycles in order to plan diet and exercise to combat any pain or mood swings.

The company claims that 50 per cent of women regularly suffer from period pain and 20 per cent have to take time off on a monthly basis.

Copies will be distributed by Windsor territory managers. **Windsor Healthcare Ltd. Tel: 0344 741366.**



## Odour controller

Biomenta is a new odourless disinfectant which is 100 per cent safe for humans and animals.

The product is an Italian invention which is proving successful in Germany and Switzerland. Biomenta is composed of various botanic enzymes which stop odours within seconds and can be sprayed directly onto clothes, animals, etc.

Its formulation includes: algae, crushed lava, lecithin-based enzyme culture, cellulose, lactose and lipasis.

Presented in a half-litre-sized spray container, it retails at £3.99. **Hilton Trading Ltd. Tel: 081 203 3956.**

## Beconase share

Nielsen figures for May-June show Beconase Hayfever taking a 21.5 per cent share of the OTC hayfever market. The market has shown an 18 per cent increase in volume over 1993 and a 36 per cent increase in value. **Warner Wellcome. Tel: 0495 750049.**

## High flying Lynx

Elida Gibb's leading male toiletry brand, Lynx, is sponsoring the Army's Blue Eagles helicopter display team for the third year running. Airshows provide a good opportunity to sample large numbers of men — 3.5 million people attended such events in Britain last year. Trial sizes of Lynx After Shave Cooling Gel will be pushed this year. **Elida Gibbs Ltd. Tel: 071 486 1200.**

## Call Fleaphone

Sergeant's is supporting its £100,000 promotional campaign with a Freephone Fleaphone. The advice line (0800 252482) will run throughout the flea season. **Seven Seas Vet Division. Tel: 0482 75234.**

## Steroplast

Steroplast, maker of adhesive dressings, tapes and bandages, has appointed TVM Healthcare to distribute both consumer and Drug Tariff products to independent pharmacies throughout the UK. **TVM Healthcare. Tel: 0530 560800.**

## On offer

AAH's Family Health Room Odour Neutralisers are on offer at 15 per cent discount until September 30. **AAH Pharmaceuticals. Tel: 0928 717070.**

## Imedeen in UK

Ferrosan Health Care has taken over the sales and marketing of Imedeen and Kervans Silica in the UK and Eire. **Ferrosan Health Care Ltd. Tel: 0932 336366.**

## Spot the sample

Jica Beauty Products is offering consumers who send in a self-addressed envelope free sample sachets of Aclon Cream.

## Chill out in the bath

With temperatures soaring, a new 'cool' bath range from Baylis & Harding fits the bill nicely.

Sundae Best Bathtime Treats is a line of bubble baths which come in ice-cream cone-shaped containers with suitable ice-cream fragrances. There are six available: banana split, raspberry ripple, chocolate mint, vanilla, strawberries and cream, and peach melba.

The range comprises 400ml cone (£1.99), 75ml bottle (£1.99) and a gift set, including a strawberries and cream 400ml cone (£2.99).

**Midland Cosmetic Sales plc. Tel: 021 359 0099.**

The sachets are sufficient to treat a spotty face for a week. **Jica Beauty Products. Tel: 081 979 7261.**

## Durex kitemark

Durex will be flying its own kite over the lions of Longleat during this weekend's Wiltshire Balloon Festival. The kite, made from 240 sq ft of material, is one of the largest in the UK. **LRC Products. Tel: 081 527 2377.**

## Grooming set

Parfums Ralph Lauren is introducing a grooming set for its Safari for Men range, containing aftershave relief balm, shower gel and a cut glass bottle of eau de toilette. Priced £35, the set will be available from October 10. **Prestige & Collections. Tel: 081 979 6699.**

## Shaving mad

Half of the women in a Wilkinson Sword survey shave their legs at least once a week. Almost all — 98 per cent — put femininity and attractiveness at the top of the list of reasons why they do it. The survey is being used in the PR campaign to support the launch of Lady Protector. **Wilkinson Sword Ltd. Tel: 0494 533300.**

## OTC correction

The recommended retail price of the Wisdom Suregrip toothbrush is £1.59 and not £1.09 as stated in *Over the Counter* (July 16, p41). **Wisdom. Tel: 0440 714800.**

## Starflower Oil

Roche has enriched its Starflower Oil with 4mg of vitamin E per 500mg capsule. The addition is highlighted on the pack. **Roche Consumer Health. Tel: 0707 366000.**







# Cuprofen

IBUPROFEN TABLETS

**MAXIMUM  
STRENGTH**

FAST POWERFUL PAIN RELIEF

**24**

# Cuprofen

IBUPROFEN TABLETS

**MAXIMUM  
STRENGTH**

FAST POWERFUL PAIN RELIEF

**12**

# Cuprofen

IBUPROFEN TABLETS

FAST  
EFFECTIVE  
PAIN  
RELIEF

**96**

# Cuprofen

FAST EFFECTIVE  
PAIN RELIEF

**48**

# Cuprofen

FAST EFFECTIVE  
PAIN RELIEF

**24**

# Cuprofen

FAST EFFECTIVE  
PAIN RELIEF

TRIAL SIZE  
**12**

## Cuprofen. A perfect balance of quality and price.

While some customers demand premium brands, others prefer the value offered by generics. The problem has always been striking the right balance of stock between the two.

Thankfully, there is now a simple answer. Cuprofen from Seton Healthcare.

Only Cuprofen and **NEW** Cuprofen Maximum Strength offer premium brand quality presentation and performance at a price your customers can afford.

We also offer a guaranteed minimum POR of 33% - balance that against what's on offer from certain other manufacturers.

On top of all this, we're also offering some exceptional deals. So talk to your Seton representative and find out for yourself how Cuprofen's perfect balance of quality and price can satisfy **all** your customers.

 **Seton  
Healthcare Group plc**  
Cuprofen is a Trade Mark of Seton

TUBITON HOUSE, OLDHAM OL1 3HS, ENGLAND.  
TELEPHONE: 061-652 2222.



## Numark Baby Value Pack launch

Numark has launched a range of Value Pack Baby Toiletries to complement its existing premium baby care lines.

The products are Baby Oil 250ml (£0.69), Baby Lotion 250ml (£0.49), Baby Bath 250ml (£0.49) and Baby Shampoo 250ml

(£0.49), with an average profit on return of 26.5 per cent.

The products, available from August, come in the distinctive red and green packaging of the Value Pack range. **Numark Management Ltd.** Tel: 0827 69269.



Re-designed Radian-B gets a £1 million support package to boost its 13.8 per cent share of the topical analgesic market. Regional TV advertising and consumer sampling will run from August-November with national press activity until the end of the year, allied to competitions in the specialist press. The 20-second TV commercial emphasises the Mineral Bath variant in addition to the core Radian-B range. **Roche Consumer Health.** Tel: 0707 366000

## Unichem activity heats up this summer

Unichem is bolstering its own-label range with new introductions to its toiletries and feminine hygiene lines.

There are now two new varieties of shower cream — Peach Delight and Mountain Herbs. They complement the 1 litre foam bath line and are the two most popular fragrances in the range. Both are available in packs of 12 with a trade price of £7.80 (retail price £0.99).

Continuing the beauty theme, there are six new products in the company's manicure range: pumice

stone (pack of six £3.62, rsp £1.09); eyebrow tweezers (pack of six £3.35, rsp £0.99); hair thinning shears (pack of six £10.75, rsp £3.19); toenail scissors (pack of six £5.90, rsp £1.75); cuticle trimmer (pack of six £2.20, rsp £0.65) and nursing dressing scissors (pack of six £8.05, rsp £2.39).

For men, there are two new shaving products, Shave Foam Regular (£7.78 for a case of 12) and Shave Gel Sensitive (£13.27 for a case of 12).

In the feminine hygiene sector, Unichem is

launching an embossed panty shield. Packaged in a floral design, in line with the rest of the range, they will be available in packs of 12 with a trade price of £8.00 (and a retail of £0.99). Special offers are also available with certain eye care products. **Unichem plc.** Tel: 081 392 2323.

## Nappy know-how

Disposing of soiled nappies is not a pleasant task — especially for mums on the move, and that is why the Sanganic Nappy Disposal now has a travel variant, Sanganic Baby.

It works on the same principle as the original. The soiled nappy is inserted into the unit, the lid replaced and twisted. This results in a nappy that is wrapped and sealed in a lightly fragranced film.

Original Sanganic will contain up to 18 nappies and retails around £19.99, while the new Baby will hold up to seven and retails for approximately £14.99.

Each system is supplied with a cassette of film which will wrap up to 180 nappies. Replacement cassettes retail for in the region of £2.75. **Process Improvements (1989) Ltd.** Tel: 0276 684826.

## Down Under with Network Management

Distribution of the Aussie Haircare range is now being extended to independents.

The company claims that the range has already carved a definite niche for itself in both the US and Australian markets.

Manufactured by Redmond Products, Aussie Haircare is being promoted by a £130,000 ad

campaign in the women's press and will also be advertised on Sky Plus. The campaign runs through to October.

The range comprises: Styling Gel, Mega Styling Spray, Sprunch Spray, Mega Shampoo, Moist Shampoo, Mango Shampoo, Custard Apple Shampoo (all £2.99), 3 Minute Miracle, Curing Muddy, Aussie Instant (all £4.99) and Hair Insurance (£3.99). **Network Management Ltd.** Tel: 0252 29911.

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<b>BSkyB</b> British Sky Broadcasting	<b>G</b> Granada	<b>HTV</b> Wales & West
<b>C</b> Central	<b>A</b> Anglia	<b>M</b> Meridian
<b>CTV</b> Channel Islands	<b>CAR</b> Carlton	<b>TT</b> Tyne Tees
<b>LWT</b> London Weekend Television	<b>GMTV</b> Breakfast	<b>W</b> Westcountry

<b>Anadin All Night:</b>	All areas
<b>Arm &amp; Hammer Toothpaste:</b>	All areas except LWT
<b>Colgate Bicarbonate of Soda Formula:</b>	All areas
<b>Gillette Series:</b>	All areas
<b>Gillette Series (after shave conditioner):</b>	All areas
<b>Gliss Corimist:</b>	C4, GMTV
<b>Impulse:</b>	C, A, HTV, W, M, LWT, CAR, C4, BSkyB, GMTV
<b>Medinex:</b>	HTV
<b>Mentadent Bicarb of Soda:</b>	All areas except CTV, U, G, STV, Y
<b>Organics:</b>	C, A, HTV, W, M, LWT, CAR, C4, GMTV
<b>Palmolive 2 in 1:</b>	All areas
<b>Ponds Performance:</b>	All areas except CTV, U, G, STV, Y
<b>Pepcid AC:</b>	All areas
<b>Rap-eze:</b>	All areas except CAR
<b>Scholl Odour Control:</b>	B, G, C, M
<b>Slim-Fast:</b>	All areas
<b>Wrigley's Extra and Orbit:</b>	All areas except GMTV



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CONSUMER HEALTHCARE

### Strength and commitment together



"You're going to miss a golden opportunity if ways cannot be found to link your services and skills with the healthcare team," Clive Parr, chief executive of Worcester and Hereford Family Health Services Authority, warned at this year's Local Pharmaceutical Committee conference.

But this was old news to Sheffield pharmacists Nick and Kim Mason.

Mason & Mason has two Numark pharmacies in Sheffield, one on the outskirts of town in Gleadless and another on the edges of the town centre.

Both pharmacies have suffered their share of potential disaster: the Gleadless pharmacy endured a period of insecurity four years ago when the local GPs announced plans for a surgery relocation. Fortunately, it transpired that this was to be in the Masons' favour, moving just 50 yards from the pharmacy.

The central pharmacy was bought during this period of uncertainty, as a kind of bolster in case things went seriously awry at Gleadless.

"We paid an arm and a leg for it," says Nick Mason. "But we decided to hedge our bets and purchase another business with a strong NHS side." However, it's this pharmacy that has brought the biggest teething troubles.

Less than a year after they bought the business, the Masons discovered that the local practice was intending to move from its busy main road location opposite the pharmacy to one 300 yards away.

"I was straight in there, asking to move with them and we persuaded them it was a good idea," says Mr Mason.

Well, it wasn't as easy as all that. "There was a lot of anxiety as to whether we were getting the message across," he now admits.

## Be negative

So how did they manage? "I gave them the negative side as to what would happen if we didn't move with them and the difficulties that that would place on their practice," is the reply.

Basically, the Masons had built up a collection and delivery service for patients and were willing to undertake domiciliary visits for the frailer members of the community. In addition, they were realistic about the situations that can arise when patients have run out of medication. All services the GPs were unhappy to lose.

"If we weren't there, it would place a lot of pressure on their receptionists and practice nurse to provide these services," explains Mr Mason. Pharmacists take note: never underestimate the power of getting the receptionist on your side.

Senior medical partner at Belgrove Medical Practice Dr Michael Porteous welcomes his new neighbours. "Nick hasn't had to move far, but it's much more convenient for the patients and that can only be for the good."

# Going for gold



**When Nick and Kim Mason found that the GPs near their newly-purchased pharmacy were moving, they had a minor panic. Then they asked if they could relocate with them.**

**Now pharmacy and surgery exist side by side — to the benefit of all concerned, as Marianne Mac Donald discovered**

While Kim manages the Gleadless premises, Nick looks after the pharmacy adjacent to Belgrove. "Originally we were going to be completely separate in the bottom corner of the car park, facing out towards the surgery entrance," says Mr Mason.

Such a move would have been problematic for Sheffield Council to accept as they would be dealing with two separate planning contracts rather than one. To simplify things, the Masons now adjoin, but are still distinctly separate from the surgery while leasing the premises from the GPs.

Within the first three weeks of opening, Mr Mason noted that he'd seen a 5 per cent increase on the NHS side. At the time, he said: "If we get a 15 per cent increase I'll be cock-a-hoop."

Five months later, he's delighted to report that this has risen to 16 per cent and estimates that it could rise by a further 4 per cent in the next year.

To his surprise the retail side is also holding its own. "We were expecting it to go down," he says. Having moved from a main road location into a

quieter street this was understandable.

But he had reckoned without the car park and easier on-road parking, something the old shop didn't have.

## Numark input

From the outside, the pharmacy looks quite small and the customer side is very compact, picking up on the Numark colours of grey and green. What you see on the shelves is all that's in stock. There's no store room hiding mountains, although there is space above the top of the shelves to hold a little extra backup.

A close eye is kept on stock levels thanks to an electronic point of sale system, but should more stock be needed, then they simply pull it from the Gleadless branch.

Behind the counter is the real difference. The area that would normally have been the stock room has been given over to two consultation areas, a retail concept that Numark is keen to encourage.

The dispensary consists of an Italian-designed ICAS drawer system comprising 45 drawers with clear undersides. "The equivalent of three walls of

stock over a width of around three feet," comments Mr Mason.

Tony Gentle, Numark's retail services manager, says: "It's the first pharmacy we've installed this system in." Mr Mason admits his staff were highly suspicious at first, but can now see its advantages.

## Patient care

Not only are customers happy that they can shop without fear of the yellow perils, but they appreciate having a pharmacy right next door to the surgery. When the surgery is busy or closed, Mr Mason uses his counselling skills. The term one-stop health shop leaps to mind, but he disagrees.

"I would say one-stop patient care — there is a marked difference. It is very much the professional side of pharmacy that is being pushed."

Mr Gentle agrees: "Nick provides a full pharmaceutical service, offering patients an alternative to visiting the doctor for quick and reliable guidance."

While Mr Mason thinks the amount of contact the GPs have with him over prescribing issues has not altered, he does admit that he is making efforts to improve this.

He hopes to become more involved by working on a formulary and participating in clinics. Things haven't moved in this department as quickly as he hoped and he believes that pharmacists in Sheffield are suffering because of the FHSA's failure to appoint a pharmaceutical advisor.

"They don't seem to want to appoint a pharmacy facilitator," says Mr Mason. Speaking from a vantage point of being able to see what happens with the GPs next door, he knows that the formal pharmaceutical input given to doctors in the area is marginal, if any at all. "The FHSA does not appear to want to change this," he says.

## Way forward

The first five months seem to confirm Clive Parr's "golden opportunity" statement. But Mr Mason believes that the success of the pharmacy is thanks to the doctors coming round to his way of seeing things.

He also feels that being a small independent worked in his favour. "I think it would be different if, for example, a large company was to push its wares to the GPs."

He believes that the future holds a lot of changes for community pharmacy. He predicts that with two sectors of pharmacy, community and High Street, companies with a traditional High Street emphasis will move into the community.

This being the case, then "it's the community pharmacy that's going to move with or right next door to the surgery", opines Mr Mason.

The only real problem appears to be persuading doctors that such a move is not purely for pharmacists' financial gain but for the benefit of patients as a whole.





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**Product Information.** **Active Ingredients:** Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children under 12: Not recommended. Chew tablets thoroughly

before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.67, 200ml £2.99, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £2.09. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Lemon Flavour Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **GAVisCON** and the sword and circle symbol are registered trademarks. **Date of preparation:** 23/6/94. **References:** 1. Taylor Nelson Counterpoint MAT to June 1993. 2. Chevrel B (1980) *J. Int. Med. Res.* 8: 300. 3. Ward AE (1989) *Br. J. Clin. Pract.* 43: (2) Suppl 66: 52. 4. Williams DL *et al.* (1979) *J. Int. Med. Res.* 7: 551.

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PRODUCTS



# Vanishing point?

Problems with profitability reveal some very important lessons for our politicians, the pharmaceutical industry and the Department of Health, says Noel Baumber



Why is the 'Margins on Medicines' issue so critical and the boycotting of some manufacturers' products no longer hypothetical? Peter Drucker provided a clue when he wrote in 'Managing for the Future': "adequate profitability alone can provide for the risks, growth needs and jobs of tomorrow".

**1. The pricing and remuneration systems ignore the extent of the need for profit.**

Needs and expectations are plainly not being met for many contractors. The margin that counts in the pharmacy is the aggregate of many margins and fees received during the year. That margin must cover the cost of sales — which should include a professional salary large enough to afford a mortgage, a locum and a pension — leaving enough to repay borrowings and interest, and to create new capital for the renewal costs of the business.

Anyone falling short of those expectations traditionally blames averaging or discrimination within the NHS system of payment and looks to OTC margins and discount buying to recoup the position.

**2. No profits, no income, no capital!**

As small businesses grow or larger ones decline, the cost of sales tends not to include the

pharmacist's salary as this is the only flexible source of immediate funds to cushion cash flow difficulties and meet other capital costs. For many independents, profits are the pharmacist's income, not an addition to the salary, and often they are book profits, not cash in hand.

Effective relocation of the pharmacy might be necessary, possible and desirable, but is certainly uneconomic in a system which does not take account of the strategic capital needs of the independent professional concerned. This is tragic when viewed against the huge investment of public funds in surgery premises.

**3. Profit must be recognised as a genuine 'cost'.**

Profitability has to be built into the business year after year, and since the majority of what we do is NHS dispensing, significant profitability has to be built into the NHS remuneration structure, too. Profitability is not just about OTC margins.

**4. There is a liquidity crisis as well as a profit crisis.**

Liquidity crises are not the same as profit crises, and while businesses can run for years without profits in a good cash flow position, the opposite is untrue.

The problem is urgent because a short-term liquidity crisis will precipitate the effects

of a chronic profit crisis. Several trends are combining to strangle cash flow and under-capitalised pharmacies will fold as they run out of money.

**5. Three per cent off gross margins strips 37.5 per cent off net margins.**

To understand the fragility of a business and the impact of a reduced gross margin, it is helpful first of all to study Figure 1. The horizontal line represents fixed costs, which occur at different times of the year, but remain a constant charge on the business. As the volume of trade increases so do the variable costs of the business, which are therefore displayed as a rising slope on top of fixed costs. The steeper rising slope is the hopeful course of sales income.

There comes a point in the trading year when income exceeds the costs of the business and profits begin to be generated. This is the Break-even Point (BEP), which will vary from pharmacy to pharmacy. For a business in decline, this could be called the vanishing point.

Do you know your pharmacy's BEP? It may not be as high as 25 per cent, but knowing your BEP improves your chance of survival.

Figure 1 shows what happens to a business where 25 per cent of turnover goes on covering

the Breakeven Point costs.

If the gross profit margin was forced to drop by three points, from 33 per cent to 30 per cent, for example, by the combined actions of the OTC industry and the NHS adopting lower margins, the squeeze will be transferred to the net margin as costs remain the same.

In this example, net profit



Noel Baumber

will be reduced from 8 per cent to 5 per cent of turnover, which is a disastrous 37.5 per cent drop. Price and margin setters need reminding that they are playing with our net margins not their gross margins.

**6. Profits are non-linear and vanish rapidly near the BEP.**

The problem is that profits disappear rapidly with small changes of sales volume or decreases in turnover, if you are trading near the BEP.

A gross margin of 25 per cent would be the vanishing point for net profit. In this context, it is salutary to realise that the profit on return level for Anadin Extra (48 and 96) is 24.7 per cent, the Senokot range 23.6 per cent and Lemsip sachets (16) 21.28 per cent.

NHS margins which constitute 70 per cent+ of turnover are heading down from 20 per cent POR on capital invested towards 16 per cent! This is an unwinnable race against costs



which has many parallels with gladiators, slavery and Russian roulette!

## 7. There is no resilience left in the system.

If you could alter sales volumes by 1 per cent, then control costs and prices in the same way, you would add 25 per cent to your margin.

However, volume is static, while raising the selling price of products and services is not open to pharmacists. You might be able to reduce the overheads of the business, but this reduces staff, service and safety levels, damaging your professional image.

Increasing margins by obtaining discounts depends on sales volume and your ability to monitor stockholding. Smaller pharmacies have to spend money on increasing the product range rather than the depth of stockholding and need to use the wholesaler for back-up at reasonable margins.

For 70 per cent+ of turnover, the NHS discount scale sets out to nullify any benefits from discounting. As prices drop, so too does the potential for discounting.

## 8. Robbing independents to please multiples is unacceptable.

Recent trends indicate that in future, as POM medicines are relaunched as P products, independents will be paying for TV advertising out of their retail margin to stimulate volume sales, 60 per cent (eg Zovirax) of which will end up

with High Street chains.

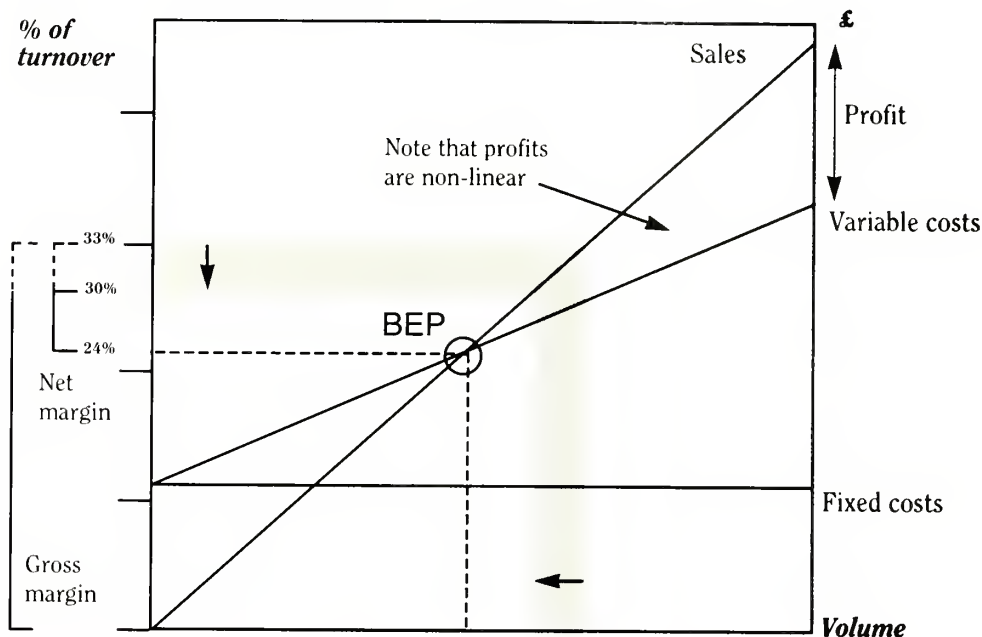
Large multiples are in a position to link with manufacturers' advertising and to negotiate volume discounts. The net effect is to turn what should have been a standard 33 per cent margin for everyone, into a 28 per cent margin for

the independent and a 40 per cent+ margin for the multiple!

The industry should not regard margins as a confrontational issue, but one to explore out of mutual interest. NHS and industry managers should look responsibly at the structure of prices,

remuneration and capital. We cannot survive by 'rooting out' a diet of discounts. The current trend will end in catastrophe if the few people who are in a position to adjust the percentages to prevent it do not even know they are causing a crisis, or why.

## Effects of a decrease in profit margin



BEP = Breakeven Point

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Then there's Carnation Verruca Treatment - an easy no mess, no fuss treatment, again with a complete course in one pack. This consists of 4 plasters containing medicated ointment for a safe, painless treatment, plus one

protective plaster and soft foot padding for instant relief from pain and discomfort.

Both products come in eye-catching counter displays and are backed up with a strong advertising campaign in the women's interest press.

Also watch out for the brand new Foam-o-felt range of corn products that now provide unparalleled levels of comfort and protection.

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## Employment: grass is not Greener

With reference to your report on a paper on wages and salaries published in the *Institute of Pharmacy Management News*, (volume 2, summer 1994) Green Pharmacy Consultants will welcome further participants in the 1995 survey planned for next February.

I note that while the trend was rightly understood as indicating that most employee pharmacists were being asked to increase productivity (ie work harder), and that as many were waiting 15-18 months for their next salary review, the percentage increase was at or below inflation. All but one of the top 20 pharmacy chains, and some smaller groups responded in time for this to be considered ahead of the National Joint Industrial Council announcement in April. But when one took account of the number of pharmacists involved, it was noticeable that these 'mean' figures — ie an average per company, not per outlet — meant many of the pharmacists were, if anything, receiving lower increases than their bigger company 'peers'.

Meanwhile, it was noted that in order to release their pharmacists to take advantage of the potential increase in Pharmacy medicine sales, several companies were prepared to recruit and pay trained or experienced dispensers at higher rates and increases in pay than other staff. Our survey suggests that this may become an even greater factor by the end of 1994.

The survey also showed that pharmacist support services (second pharmacists) were being reduced, even in the busiest dispensing outlets, with the expectation that a single pharmacist can still supervise an increasing volume of prescriptions effectively, including appropriate counselling of patients and supervise the sales and necessary advice on P medicine purchases by customers.

For these reasons several contributors have suggested we seek, next year, to make some effort to compare productivity, such as prescriptions per pharmacist hour, sales per pharmacist hour and sales per non-qualified staff hour, as an aid to comparative manpower planning on a 'best demonstrated practice' basis.

If ever it was intended to press for greater reward for pharmacy contractors through such studies, we believe this data will be invaluable. It may also be a factor for consideration in the debate over the way pharmacists are demonstrating their ability to supervise the

increasing volume of P medicine sales.

**G B Green**  
Green Pharmacy Consultants

## God and Sunday Trading

The Sunday Trading Bill has received the Royal Assent and is now on the Statute Book. Sunday trading by supermarkets was established by refusing to obey the Shops Act 1950. For their blatant defiance of the law, supermarkets have been rewarded by Parliament. Crime has been seen to pay.

The Queen has been required to break her Coronation Oath to uphold and defend true religion. In order to be a Christian, you have to obey the Ten Commandments. The Fourth Commandment is an order to rest and not to work on Sundays. You cannot compromise with that instruction (unless you work in the emergency services) and be a Christian. The rest of Europe is working towards no Sunday trading and only the emergency services working on Sundays.

In December 1991, the Prime Minister wrote to the Archbishop of Canterbury and said: "We understand and respect the desire that Sunday should not be just like any other day of the week." Two and a half years later, the Government is hell bent on making Sunday just like any other day of the week.

The Bill was presented to Parliament on the false premise that those who have religious scruples about working on Sundays will be protected. This is quite impossible. I shall be glad to hear from readers who are being required to work in shops on Sundays because their employers require them to and because they have a written contract of employment requiring Sunday working. I shall also be glad to hear from

those who work for economic reasons and would not do so if the shops were not open on Sunday.

The Sunday Trading Act 1994 is unconstitutional. So long as it is on the Statute Book we cannot look upon ourselves as a Christian country. The law cannot be allowed to deny God's law and require people to work against their will on Sundays for a salary. The shopping needs of the nation can be met by the self-employed and family businesses working on a voluntary basis. This option was not before Parliament and it should have been. This evil Act should not be put into effect on August 26. This will enable the Queen to honour her Coronation Oath to uphold and defend true religion.

**Roy Edey**  
Lower Flat, Field House North, West Street, Harrow HA1 3ER

## Cost is not the only issue in MDS

I was disappointed to read John Jones' response (*C&D* June 25) to the article 'Monitored Doses' by Jeremy Clitherow which appeared in the recent *Over the Counter* of May 28.

While not everyone will agree with all the points made in the article, it must be said that it was both well written and well researched.

What a pity Mr Jones descended into a diatribe against cassette-based systems in his letter. As a company run by community pharmacists, we at Surgichem understand all too well the importance of keeping costs to a minimum — a point evidenced by our recent deal with the NPA on the distribution of Nomad seals. We could easily counter Mr Jones' cost arguments against cassette-based systems, but I do not think the cost-benefit arguments in favour of systems

like Nomad need be reiterated.

The real issue is the growing role of monitored dosage as an important and integral part of pharmaceutical care, a point few community pharmacists would disagree with. MDS provides pharmacists with a genuine opportunity to extend their role. The community at large has now recognised and is welcoming this development.

One issue where I do agree with Mr Jones is on the need for a British Standard. A standard not just for systems, but for the way systems are operated and the way manufacturers support, train and provide the back-up services necessary.

**Norman Niven**  
Managing director, Surgichem

## Bayer survey at odds with Which?

We were surprised to read your review of the *Which?* report which found that nine out of ten researchers claiming to have thrush were advised by the pharmacist to purchase Canestan 1 per cent cream. This finding is not echoed in recent market research, commissioned by Bayer and carried out by Taylor Nelson, which clearly shows that female customers should have no qualms about continuing to consult their pharmacist about suitable treatments for thrush.

This survey of 206 pharmacists confirms that pharmacists have a high level of knowledge about thrush, with more than four out of five recommending either Canestan 1 single-dose pessary or Canestan 10 per cent VC as the treatment of choice for thrush.

However, we would like to point out that Canestan 1 per cent cream is an appropriate recommendation as it will provide symptomatic relief of thrush, but to treat the source of the infection an intravaginal preparation, such as Canestan 1 pessary, is required.

Recent surveys have shown that women find pharmacists more approachable than other health professionals. Indeed, a recent survey of 681 women who had received a prescription for a thrush treatment reveals that four out of five singled out the pharmacist as their chosen health advisor on thrush.

Bayer will continue to demonstrate its commitment to improving the consumer's understanding of the pharmacist's role with sustained consumer advertising and PR programmes during 1994.

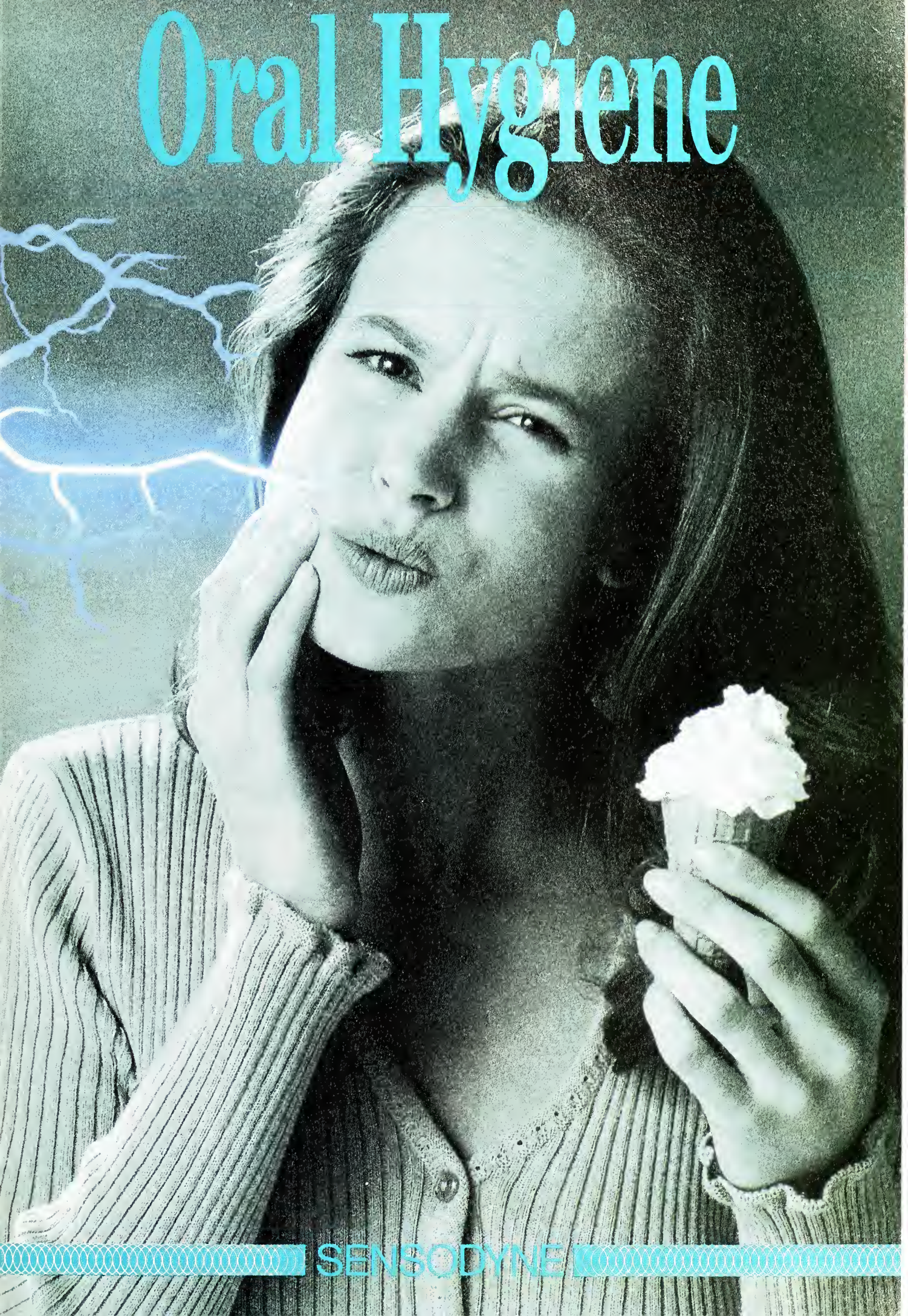
**Nicola Willcock**  
Product operations manager, Bayer



Pharmacist Chetna Patel (right), of Sherlock Holmes Pharmacy, London, has won the Mystery Shopper/Migrave display competition. She was presented with one of the 50 prizes of Warner's holiday vouchers by Kashmira Shah-Ashworth, territory manager for Charwell Health Care



# Oral Hygiene



SENSODYNE



# The magic formula

A glance at pharmacy or supermarket shelves reveals the large range of toothpastes available to the consumer. It's a highly competitive market with specific formulations to deal with particular oral health and hygiene problems. The promise of additional health benefits, and potentially less dental treatment, may persuade a consumer to buy a particular product.

Formulation is important. Toothpastes contain a number of basic elements, to which 'active' agents are added. The addition of components may be prejudiced by other materials in the formulation to avoid specific interactions.

The basic toothpaste components are:

- Abrasive +/- filler: (silica, calcium carbonate or dicalcium phosphate dihydrate)
- Humectant: (sorbitol syrup or glycerine in water)
- Surface active agents
- Gelling agent: (various hydrophilic colloids, but often now sodium carboxymethyl cellulose or xanthum gum)
- Preservative: (to stop microbiological growth supported by gelling agent)
- Flavouring (including saccharin)
- Water

To these may be added active components such as fluoride, anti-plaque and anti-calculus agents, and desensitising agents; colouring and opacifiers; and corrosion inhibitors (this is rare now that pastes are packaged in plastic tubes rather than metal alloy).

## Abrasives

The abrasive itself may potentially be an active agent. Though its main role is to remove superficial stain, plaque and debris, there is some evidence suggesting that abrasive particles may bind to a tooth surface, and that this may help alleviate dentine sensitivity.

The choice of abrasive is influenced by other dentifrice components. Silica is widely used since it is relatively inert and allows the addition of other agents. Pastes with silica alone also include an additional silica thickener. This is at a similar concentration to the abrasive (usually 9-10 per cent). Silica thickeners may also be added to other abrasive systems.

Other abrasives used include dicalcium phosphate dihydrate (dcp-d) and chalk. The former must be stabilised to avoid accelerated hardening of the paste when fluoride is present. Dcp-d and chalk are present in concentrations of 40 to 48 per



Robert Harding Picture Library

**What is it that makes a toothpaste, aside from the traditional minty taste? Mark Ide, BDS FDS RCS, research assistant at the United Medical and Dental Schools of Guy's and St Thomas' Hospitals, gives a breakdown of the ingredients**

cent and so no thickener is needed.

Alumina-based pastes are now rare, following links between aluminium intake and Alzheimer's disease.

Regardless of claims of gentleness, all toothpastes must have at least a basic level of abrasivity, otherwise stain removal ability can be compromised.

## Surface active

Surface active agents are useful in removing debris from teeth, solubilising flavours and foaming. The most widely used are sodium lauryl sulphate (SLS) and sodium dodecyl sulphate (SDS).

These are effective detergents, but SLS has been reported to cause epithelial desquamation during toothpaste use and so can predispose or worsen intra-oral

ulceration. This is, however, still debated.

## Fluoride

The most important and effective active agent is fluoride. It has been conclusively proved to give up to 40 per cent reduction in caries. Widespread use of fluoride dentifrices is a major cause of the large fall in dental caries over the last 20 years.

Fluoride is present, largely as sodium monofluorophosphate (SMFP) or sodium fluoride at levels of 1,000-1,500 ppm. Recent work has suggested that sodium fluoride may be slightly more effective than SMFP.

Fluoride promotes remineralisation of early tooth decay and is retained within, then slowly released from, plaque. The latest work concludes that fluoride is effective when active caries

causes a low pH, at concentrations as low as 0.02ppm. Data suggest that this is the level present intra-orally between brushing. Thus the effect of fluoride is prolonged and potent.

There is a great deal of literature implicating toothpaste ingestion by pre-school children as a possible cause of fluorosis (discolouration) in Western countries. The introduction of specially flavoured children's toothpastes, designed to promote their use, may further elevate the risk of ingestion and so these now usually contain half, or less, the fluoride content of 'adult' toothpastes.

## Antiplaque agents

While many antiplaque agents have been incorporated into toothpaste, only a small group are used now. These are zinc citrate (at 0.5-1 per cent) and triclosan (2,4,4'-trichloro-2'-hydroxydiphenyl ether, at 0.2-0.5 per cent), either alone or combined.

These have demonstrated a significant 30-50 per cent fall in plaque scores and 40-75 per cent improvement in gingival health indices. The benefits are lost when use is discontinued.

Zinc citrate and triclosan, when used in combination, are retained intra-orally, binding with plaque and soft tissue, for at least eight hours. These agents are delivered to, and active in, poorly brushed areas. *In vitro*, the agents inhibit growth of various pathogenic organisms involved in caries and gum disease, apparently by limiting bacterial uptake and inhibiting the metabolism of glucose and protease activity.

Some pastes containing triclosan also include a copolymer, Grantez (polymethyl vinyl ether/maleic anhydride, PVM/MA), reported to enhance retention of triclosan. They give a 16-30 per cent significant improvement in plaque scores *in vivo*, with no significant shifts in oral flora or resistance developing.

Another antiplaque agent, chlorhexidine, has limited use in toothpastes due to problems of staining.

The final means of bacterial control are oxygenating agents such as peroxides, which may control gum disease-causing, Gram-negative anaerobes. The clinical efficacy of these is dubious, but a new agent, tetrapotassium peroxydiphosphate, is promising.

## Tartar control

Tartar control pastes are extensively used by consumers. Since calculus is effectively



mineralised plaque, the best ways to limit calculus are good plaque control and inhibition of the mineralisation process.

Therefore, all antiplaque toothpastes have some anticalculus activity, especially those containing PVM/MA, which reduces calculus formation by 26 per cent *in vivo*.

Specific anticalculus pastes work via other inhibitors of early calculus formation. The most widely used are pyrophosphates at 1.3-5 per cent, either alone or with triclosan. This gives 5-51 per cent calculus reduction, a result equivalent to that for zinc citrate/triclosan pastes.

Surprisingly, these agents have been shown not to impair the caries-control ability of fluoride in toothpaste, and give similar protection to 'normal' toothpastes.

### Whitening agents

The most commonly used whitening agents in toothpastes are detergents and abrasives. However, several pastes claim to have special

stain removal properties. These are 'smokers' pastes, which have increased abrasivity, or 'cosmetic' pastes.

Such pastes were originally used with a form of professionally applied bleaching system whose use has now been stopped by the EC. The paste contains a number of abrasives, papain and other agents intended to remove extrinsic stains. Clinical studies suggest that they can do this effectively, at the cost of relatively high abrasivity.

They are also considerably more expensive than 'conventional' pastes, such that many stockists only display empty boxes on their shelves!

### Baking soda

Baking soda toothpastes have been available in the US for some time, and heavy marketing accompanying the introduction of one particular brand to the UK has led other companies to produce similar pastes.

Baking soda pastes are sold on the basis of a 'fresh mouth' feeling and the ability to

neutralise plaque acids. In the US, they are sold with hydrogen peroxide to enhance whitening, a formula not permitted in the UK.

There is no published data to suggest that these agents offer extra benefits over similar pastes without bicarbonate of soda.

### All day, all night

These 'total care' or 'night time' pastes claim to offer prolonged protection against caries and gum disease, especially when protective saliva flow rate falls in the sleeping consumer.

These pastes contain triclosan and very often elevated fluoride levels. However, as stated above, similar benefits may come from 'conventional' pastes also.

The 'night time' toothpaste also contains tocopherol acetate (vitamin E), an antioxidant which may act as a preservative or to limit free radical-mediated inflammatory tissue destruction.

However, the only published clinical study failed to support the use of vitamin E containing

gel as a means of control of gum disease.

### The future?

The efficacy of fluoride is undoubted, yet dental caries (and periodontal disease) are still major oral health problems. Using plaque as reservoirs for fluoride and antiplaque agents may be developed so that pathogenic effects are reversed, ie by the use of remineralising or anti-inflammatory agents.

Several systems are being investigated to prevent plaque adhesion to tooth surfaces, such as polyvinyl phosphonic acid. Substituted amino alcohols such as delmopinol have a low antibacterial effect, but profoundly reduce plaque formation, dissolving newly formed plaque by modifying the surface properties of its components. Long-term studies on these are under way.

Thus, while toothpastes are now cost-effective and potent oral health products, further work is still being carried out to create the ultimate dentifrice.

References available on request.

With treatment costs now viewed as exorbitant, and set to soar by around 25 per cent according to recent reports, consumers have come to realise that a little effort and expenditure now may mean massive savings in the long-term.

For pharmacists, this change in attitude has brought financial benefits with a 5.7 per cent increase in the market bringing its value to £395 million (Nielsen, year-end, March 94). There are also professional benefits because pharmacists are ideally placed to give advice on oral care.

Little, if any, of this advice is about toothpaste. The bulk of the population accepts that toothpaste is an intrinsic part of good oral hygiene. But this, in turn, makes it difficult for manufacturers to increase market volume.

Instead, their attention has turned to premium-priced products as a means of boosting growth. And it appears to have worked: a 5.1 per cent increase bringing the value to £228.9m (Nielsen). More telling, the own-brand sector, which has made hefty inroads into other oral hygiene areas, has only recorded a 1.4 per cent rise to £18.8m.

### Total recall

The standard sector is by far the most popular division with a 62 per cent share. However, despite its value for money appeal, a 7 per cent decline shows where the market is heading.

Colgate-Palmolive's high-profile launch of Total last year focused attention on the premium-priced sector, helping it record a 21 per cent increase. This leap indicates that consumers want pastes with therapeutic advantages such as plaque and tartar control.

Colgate-Palmolive's oral care business development manager,

# Stand and deliver

**Improved consumer awareness of the benefits of better oral health, both physical and financial, is the main factor driving the oral hygiene sector. As a result, there has been a wealth of activity over the last year, especially in the market's backbone — toothpastes. Marianne Mac Donald reports**

Martin Adkins, confirms the advanced sector is the one to watch. Colgate claims a 29.8 per cent share of the total market (7 per cent going through pharmacies), with Total accounting for 8.4 per cent. "We are up 2 per cent on the previous year and Total is a big contributor," says Mr Adkins.

Elida Gibbs is represented in the premium sector with Mentadent P, but made another thrust last year with the introduction of Mentadent Night Action. Originally, the company anticipated a 4 per cent value share after the first year, but the highest achieved so far is 2.1 per cent, says Steve McNichol, oral care category manager at Elida Gibbs.

"We are currently reviewing the brand. It could be ahead of its time," he admits. To boost sales, the 50ml size is undergoing a price drop from £1.09 to £0.99.

Overall, Mr McNichol confirms that the Mentadent brand share is declining by 0.5 per cent year on year, with the company's Signal brand also

dropping 0.2 per cent.

Elida Gibbs' figures show a decline in the fortunes of Procter & Gamble's Crest and Smithkline Beecham's Macleans, both down to 8.2 per cent market share. SKB aims to reverse this fall with Macleans relaunch and redesign last April. However, the company's other brand, Aquafresh, has an increased market share of 10.8 per cent. Rumours are that a redesign and relaunch will happen later in the year.

### Stand up

Martin Adkins identifies another avenue for sales opportunity. "Packaging. Stand up tubes (SUT) will continue to drive value growth," he says. He believes these offer great potential for independent pharmacists as they have space-saving benefits.

Colgate predicts that by 1997 SUTs will account for 60 per cent of the total market, and ordinary tubes will disappear. But Steve McNichol disagrees.

"They'll have 10 per cent of the market in a couple of years;



Colgate share is boosted by Total



Aquafresh has a no-stripe offer



Sensodyne Gel added in April

Continued on p132



Continued from p131

we don't see the market changing fundamentally," he says. He points out that in many cases a switch to SUTs will require retailers to re-think their merchandising and display.

### Special touch

A third sector within the market encompasses the specialist pastes such as those for sensitive teeth. This division tends not to be affected by the vagaries of more mass-market products.

Within pharmacy, sensitive

toothpastes account for 21 per cent of paste sales, compared with only 12 per cent in groceries. This is mainly because they are seen as therapeutic products. "They have an excellent reputation in pharmacies," says Stafford-Miller's dental division group product manager, Fiona Graham. Its brand, Sensodyne, leads the sector.

And there is room for growth as many people aged 20-35 have sensitive teeth, but don't use pastes. Stafford-Miller hopes they will respond to a gel formulation, hence the introduction of Sensodyne Gel.

## Novelty or new horizon?

Baking soda toothpaste was dismissed by some as an American novelty when it first appeared. However, a reappraisal was in order when the big UK toothpaste guns came out with their own variants.

Taste has been the major issue. The American Arm & Hammer range contains 65 per cent baking soda in the coolmint variant and 29 per cent in the freshmint. For some people this may be overpowering, irrespective of its cleansing properties. Smithkline Beecham has 15 per cent in Macleans Bicarbonate of Soda, Colgate 25 per cent in Colgate Bicarbonate of Soda, while Elida Gibbs has 10 per cent in Mentadent Bicarbonate of Soda.

According to Steve McNicol,

dental category manager at Elida Gibbs, 10 per cent is all that is needed to neutralise plaque acid. Not so, says A&H's spokeswoman, Sarah Birkmyre. Baking soda acts as the main abrasive agent, and the more present, the less abrasive the toothpaste overall, she says.

Indications are that consumers are in love with the new sector. Mr McNicol predicts the sector will have a 10 per cent share of the market within two years, already A&H claims a 7 per cent share.

Mr McNicol believes this sector is one that independent pharmacists can capitalise upon. "Its position as a therapeutic paste is ideally suited to independents and, with four major brands, the sector will take off," he says.



A&H goes for 10 per cent by 1995



A mintier taste for Mentadent



Weleda has introduced a 25ml pack across its range of natural toothpastes: Calendula, Herbal, Plant Gel, Salt and Krameria. All retail at £0.89 and are available in shelf merchandiser units (for the 25ml and 75ml sizes) containing six of each flavour. Both are available as part of an introductory offer linked to Weleda Body and Skin Care ranges



Oral-B expanded into the toothpaste sector last August with its Tooth and gum care paste. Positioned as a therapeutic product, it offers a stabilised stannous fluoride formulation to prevent against gingivitis-causing bacteria



Punch & Judy is fighting its way into and out of the second 'Primary Bag' aimed at 5-7-year-olds. Products in this bag must promote hygiene and healthy eating by means of fun educational tools. Roche Consumer Health's Punch & Judy Fun Book encourages children to look after their teeth by means of cartoon strips and colouring pages

## Sarakan attacks pharmacy

Sarakan toothpaste and mouthrinse, containing extract of *Salvadora persica*, is being pushed through pharmacies by manufacturer Arrowmed.

Pharmaceutical advertising and PR will be supplemented with consumer activity.



Henkel Cosmetics shook up the oral hygiene sector with the launch of Thera-med 2-in-1 toothpaste and mouthwash last year. Already it has a 3 per cent share of the toothpaste market, and Henkel aims to boost this with the launch of a new Strongmint variant. This has a white, opaque toothpaste appearance, aimed at older consumers and those who want pastes rather than mouthwashes. The launch is being supported by consumer and PR activity

## The white stuff

Would you swap two of your old toothpastes for one that brushes twice as white? And if you do, will it damage your teeth?

Such fears may be hampering potential growth of the stain removal market, even though Carter-Wallace estimates a 14 per cent growth last year, bringing the market to £30 million.

Carter-Wallace manufactures the Pearl Drops range, said to be the brand leader with a 40 per cent sterling share. Both the Toothpolish and Smokers variants do not contain bleaching agents. The former has a non-foaming formula which encourages users to work harder at brushing, says the company. The latter contains silica as a polishing agent.

E C De Witt reports a trebling of Clinomyn's market share since TV advertising kicked off. The company claims it outsells other stain removal products in pharmacy by 45 per cent and is confident this will rise with the new gel variant. Both contain Polynam, to gently remove stains, and a polishing agent. It comes backed with Dental Health Foundation approval.

Rembrandt, from Grafton International, contains a patented ingredient, citroxain (two of the key components are alumina and papain), which dissolves plaque and tartar via an enzyme action. It also has a nearly neutral pH of 6.8.

Since its introduction two



Contains the antibacterial Triclosan

years ago, Rembrandt is said to have increased the market share of stain removing pastes by nearly 30 per cent.

Eridene from Pierre Cattier also works via the enzyme action of papaya, this time in conjunction with bromelain. It has a neutral pH and fine granulation which is said to prevent damage to teeth enamel.

Natural White of Beverly Hills combines anti-stain polishes with Triclosan. Manufacturer Purity Laboratories offers a money-back guarantee.

Natural White Original from FDD International contains anti-stain and polishing agents, and offers a baking soda variant.



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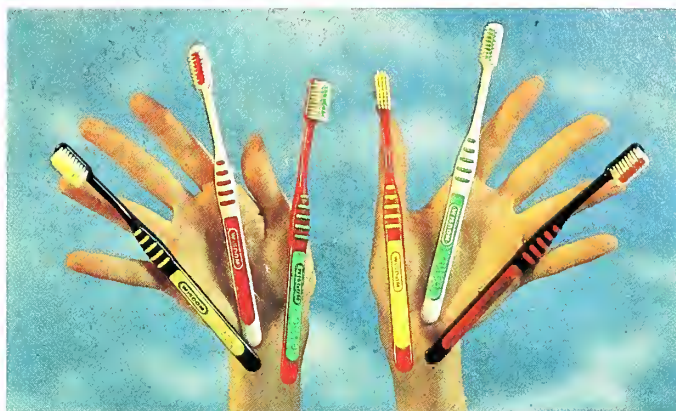
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# Don't forget your toothbrush

It's war out there on the toothbrush fixture. Traditional toothbrush names are gearing up to the challenges posed by toothpaste manufacturers muscling in on their territory. Will consumers and retailers be the only winners?



Colour coordinated SureGrip

Consumers in the UK do forget about toothbrushes and change them on average only every 11 months, according to Wisdom. But with dentists advising a new toothbrush every three months, there is the potential to triple the market. Hardly surprising that traditional toothpaste brands are keen to make their presence felt.

## Open wide

The market has seen a 7.9 per cent increase to £92.3 million (Nielsen, year-end, March 94). In volume terms growth is slower, indicating the effect of consumers trading up to premium-priced products.

The flurry of innovative, albeit more pricey, brushes from toothpaste manufacturers (Aquafresh Flex and Flex 'n' Direct from Smithkline Beecham, Colgate's Precision, Mentadent Profile) mean a shift in brand share distribution.

"Traditional brands, Oral-B, Wisdom and Sensodyne, are in decline," claims Steve McNicol, category manager for dental products at Elida Gibbs. Upstart 'toothpaste' companies are the ones showing growth. Elida Gibbs' research reveals that Oral-B and Wisdom dropped around 4 per cent share, while its brand, Mentadent, increased by 1 per cent.

Steve McNicol admits that the Mentadent brand has "not reached its critical mass", but predicts this will change. With £1m earmarked for Profile alone, the company is keen to emphasise its commitment.

Colgate-Palmolive claims a 15.2 per cent share of the market. The company's oral care business development manager, Martin Adkins, reports that Precision, launched in January, has captured a 10 per cent share of the market. But pharmacists have been slow to recognise its potential.

"They are missing out on a volume and value opportunity," says Mr Adkins. He points out that Precision's therapeutic aspects mean it should be a pharmacy product.

Smithkline Beecham says its Aquafresh Flex toothbrush is the fastest growing toothbrush brand with a repeat purchase rate 22 per cent higher than that of its nearest competitors.

## Biting back

The more traditional companies are not taking this onslaught lying down. Oral-B have launched the premium-priced Advantage Plaque Remover.

Jenny Phillips, Oral-B's product manager, dismisses the new brushes as being "design, not performance led". She believes Advantage is the first brush to offer both with superior plaque removal and features such as the power tip.

Brian McMullen, managing director of Wisdom toothbrushes, says his company "is not frightened of the big boys". The company is brand leader in chemist and drugstores with a 19 per cent volume share.

Wisdom's new brush, the SureGrip, is targeted at



Three bristle types for Precision

dentally-aware consumers, especially women, who purchase 70 per cent of all toothbrushes.

Stafford-Miller's strong emphasis on sensitive toothpastes allows it to build sales for the company's corresponding range of brushes.

Despite this, there has been a decline, admits Fiona Graham, group product manager of the company's dental division. Overall market share is 4-5 per cent, although this rises to 11 per cent in pharmacy. "The pharmacy sector is more traditional and stocks dentist-recommended brushes," says Ms Graham.

Johnson & Johnson reports a 5.5 per cent increase in sales of Reach Interdental. Although 40 per cent of sales are through pharmacy and drugstores, the company points out that "pharmacy fixtures are too often dominated by the much slower-moving, cheap, unsupported variants no longer stocked in other sectors". Thus grocery has seen a 10 per cent increase in brush sales while pharmacy remains stagnant.

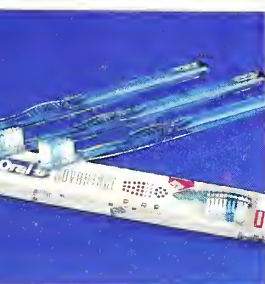
GB Products reports great strides for its Zeal brand, claiming a brand-leading 19.5 per cent share in the retail pharmacy sector. The company is aiming for 50 per cent.



Big rise in Reach Interdental sales



Profile backed with £1m support



Power tip for Oral-B Advantage

## Electrical revolutions

Why should pharmacists bother stocking expensive electrical toothbrushes?

Well, they do stock other small electricals and, according to oral care product manager at Braun Oral-B, Sarah Crossley, the toothbrush sector is the fastest growing small appliance in the market.

Braun Oral-B estimates that the market for electric toothbrushes is worth around £12 million, but anticipates a 44 per cent increase in value terms by the end of the year. The reason is simple, says Ms Crossley: "People are trading up from electrical toothbrushes to the more superior plaque removers."

Braun Oral-B launched its D5 plaque removal range last April. All have a 30-day money-back guarantee and are being supported with a £1.5m TV campaign which will run at Christmas. A pharmacy-only

promotion will run until September with a Silky Bear given away with every D5 and D5 Personal sold.

Philips HP5211 toothbrush has been accredited by the British Dental Health



Braun Oral-B D5 (Plus)

Continued on p136



Continued from p135

Foundation for its 'Click' safety device. Before use the brush is angled, but if pressure increases, which may damage gums, then it switches to an upright position.

Bausch & Lomb introduced the Interplak Series 100, a higher-frequency version of the original PP1 model in January. This doubles battery lifespan while maintaining its effectiveness in plaque removal.

The latest recruit is Rowenta's Multi Plaque Dentacontrol brush. It has brushheads to combat plaque and a sound signal to indicate when brush time is over. It retails at £49.99.



Cleaning up with Philips HIP5211

## Character fascination

Captain Scarlet has proved to be indestructible in the toothbrush market, as have all children's brushes.

Most manufacturers cater for the fashion side of things with a constantly updated repertoire of children's favourite characters to encourage a good brushing routine. More basic toothbrushes are available for the no-frills buyer. Overall, they account for 10-15 per cent of the total market, some £14 million, according to Brian McMullen, managing director at Wisdom.

Wisdom covers the latter with Start, and the former with Brush & Glow and a range of characters. Flintstones brushes will hit the market by the end of the month, in time to tie in with this summer's film.

Jordan says it has had "considerable success" with its Magic Brush. This changes colour by heat from the hand and has been cunningly designed to take two minutes to achieve a full change. So, while the child thinks it's amusing to wait, parents can encourage a two-minute cleaning regime. Successful targeting of the parenting press has helped it achieve 10 per cent of its target market.

Fiona Graham, group product manager of Stafford-Miller's dental division, points out that some companies are now producing miniature versions of adult brushes, but she believes "if you put a character on it

that's what they want".

Stafford-Miller is about to launch a 'classic' character: Postman Pat. He is thought to have a longer lifespan than other characters in this fickle world.

Smithkline Beecham has just launched Macleans Milk Teeth Toothbrush, capitalising on the success of its Milk Teeth toothpaste. It has been designed for easy use by children.

Elida Gibbs agrees that the junior division is a growth opportunity, but it has opted for a different approach with Mentadent Step-Up — individual toothbrush holders in the shape of legs. Steve McNichol, dental category manager, believes Step-Up will become "a collectable toy".

Another novel idea is the Infa-Dent Baby Toothbrush-Gum Massager, a rubber finger with soft rows of bristles, which fits over adult fingers to allow



Spot the change with Jordan Magic

"gentle, controlled brushing of baby's delicate teeth and gums". It retails at £1.79 and is available from AmEuro Products.



The Radius may look strange, and perhaps that's why Sting and Whoopi Goldberg are confirmed fans, but there is method in this bizarreness. The handle is available in both right and left variants, angling the brush at the recommended 45 degrees to the teeth. Its large head contains four times as many filaments as any other brush, allowing an encompassing clean while being gentle on the gums. Available in three styles and lasting three times longer than ordinary brushes, it comes at a hyper-premium price of £7.95. Marketed by the Perfumery Marketing Company, it is being distributed by Laughton & Sons



Butler (UK) is targeting pharmacies in its first major push into the standard toothbrush sector. "Pharmacy holds enormous potential as dentists are not keen to sell toothbrushes," says managing director Philip Benham. Butler intends to gear promotions towards pharmacy. Its toothbrush launch offer, allowing consumers to buy at £0.99 rather than £1.69, continues until August

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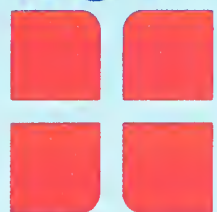
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# Sloosh juice

**Mouthwashes have been a major moneyspinner over the past few years, but has that success left a bitter aftertaste?**

Is there life after 30? Not on the dental front, according to Angela McBride, mouthwash category manager at Oral-B.

She divides mouthwash users into two camps: "Under 30 years of age you are looking at fresh breath and buying on a cosmetic platform; over 30 and you're starting to experience problems with gum recession, suddenly you're looking for a therapeutic product," she says.

Colgate-Palmolive research reveals that average

[Plax and Acti-Brush] don't have a point of difference and are classified by consumers as own-label."

Whatever the reason, Colgate is targeting the brand-loyal customers it has, rather than increasing penetration (only an estimated 33-35 per cent of the population use any mouthwash) by encouraging them to 'sloosh' more.

"Only 7 per cent of households account for 70 per cent of consumption," says Mr Adkins. He believes education on the therapeutic aspects of the brands will play a major part in halting decline.

Top of the mouthwash heap is Warner-Wellcome with Listerine. While Mr Adkins believes the brand's appeal is cosmetic, Ms McBride believes it is seen as a plaque-fighting product. But it may simply be that its long heritage explains its success.

The real star performer this year has been Smithkline Beecham's Mouth Guard, leaping from sixth place into third, a sign that SB's £1.5m spend has been worthwhile.

The company's latest foray into the sector is the Junior version of Mouth Guard aimed at children with poor brushing technique. SB says it is also particularly suitable for children that have braces. As 75 per cent have fixed versions, brushing is often difficult.

Johnson & Johnson also anticipates good things from the children's sector. J&J has produced an alcohol-free formulation for Reach Junior which may have a spin-off benefit among adults following a letter in the *British Medical Journal*. This revealed that oral cancer was associated with regular mouthwash use and this risk was in direct proportion to the dose, frequency and alcohol concentration of the rinse.

## Therapy task

Companies, such as Oral-B, Stafford-Miller and SB, with Corsodyl, who promote a very medicinal angle for their products, have suffered little over the past year. Granted their products are not going to "set the place on fire", as Ms McBride puts it, but therapeutic users are more likely to have a brand allegiance as they are often bought on dental recommendation. Finding out what the local dentist recommends may be another avenue for pharmacists.

Fiona Graham, group product manager of the dental division at Stafford-Miller, believes there is room for hope in this sector. "As people understand more about oral hygiene they will move towards the medicated sector," she says.

mouthwash users only 'sloosh' 2.6 times per household per week. In short, they're being used for cosmetic effect.

And this is of major importance, as the 'fresh breath' desire is what has pushed growth in previous years.

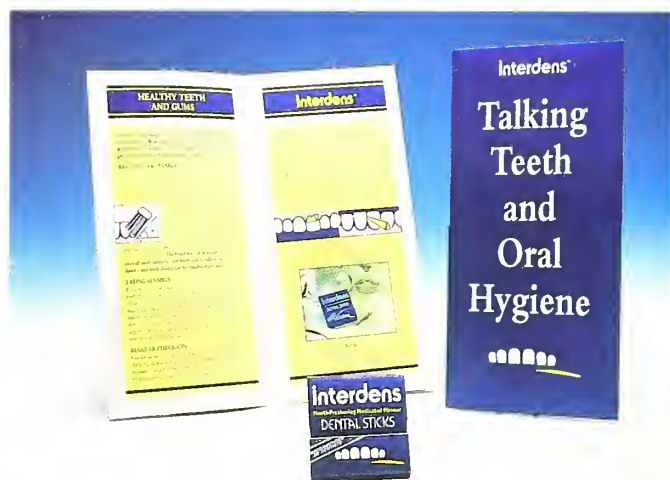
Now growth is the province of own-brand labels, which have lower prices and a cosmetic rather than therapeutic appeal. Consumers don't see why they should pay more for branded products which have the same effect.

Hence, last year saw only a 4.4 per cent increase, a drop of nearly 10 per cent on the previous year's growth, bringing the market to £66.4 million. Own-brand growth was 11 per cent (Nielsen, year-end, March 1994).

## Cosmetic benefits

Martin Adkins, business development manager for oral care at Colgate Palmolive, admits the company's brands, Plax and Acti-Brush, have suffered through the effects of own-brand.

Ms McBride offers a different reason for this decline: "They



An Interdents leaflet gets to grips with the tooth decay battle giving prevention advice and tips on maintaining a good oral hygiene regime. Produced by Roche Consumer Health, 'Talking teeth and oral hygiene' answers concerns about periodontal disease while explaining how consumers can use specialist dental products, such as Interdents, in a good oral hygiene regime. Leaflets are available from Roche Consumer Health, PO Box 8, Broadwater Road, Welwyn Garden City, Herts AL7 3AY

## Call the professionals

While toothpaste, toothbrushes and mouthwashes are the mainstream end of the dental spectrum, pharmacists should not underestimate the more professional side of interdental products.

The big noise in this division is floss which last year reported a 6.9 per cent increase (Nielsen, to March '94), bringing the market to £7.4 million. Nigel Smith, brand manager at Oral-B, predicts that this year will see greater growth and increase Oral-B's leading brand share from 40.8 per cent.

In answer to this problem, Oral-B launched the Flossette last October, which gives easier access to back teeth while going easy on gums. Within pharmacy, Flossette has gained a 6.6 per cent market share.

The company's other floss addition has been Ultra-Floss, a superior flossing product for experienced users. It has a unique woven texture "to help soak up plaque and debris", says Mr Smith.

Johnson & Johnson is a world leader in flossing products and it speaks from experience when saying floss usage in the UK lags behind other countries. To



Starter packs available for Reach

encourage people to begin flossing, J&J has enlisted the help of dental hygienists in a programme called the Reach Flossing Starter Pack.

AmEuro Products bring Plakadent Dental Flossers and gum stimulators from America. This is a disposable flosser which uses a flexible handle to reach the back teeth.

Another company known in Britain primarily for its professional products is Butler UK. It has a FlossMate handle for those that have problems flossing which can be used with any make of floss. It also manufactures Eez-Thru Floss Threaders, a loop to help pull floss through difficult areas.

The more specialised interdental market has been valued by Butler UK's managing director Philip Benham at around £1.5-£2m.

"One in 25 people will have problems with their teeth and need to use an orthodontic appliance. Things like bridge work need to be cleaned," he says. Butler UK offers a range of products catering for this niche sector.



Ultra Floss has a stretchy weave



# *New Strong Mint*

## *Thera-med*



For those who thought Fresh Mint and Cool Mint weren't, well, *minty* enough, Thera-med introduce new Strong Mint. Just like the other two flavours, it cleans teeth and freshens breath all in one. And, just like the other two, they'll be flocking to your doors to buy it.

**TOOTHPASTE AND MOUTHWASH IN ONE.**



# You really got a hold on me

Has the dental health message filtered through to the extent that no one has dentures? No, says Reckitt & Colman. While improved oral hygiene has resulted in fewer people with full dentures, the number of partial denture wearers is growing, particularly among the young.

R&C estimates that there are 16 million denture wearers in the UK, yet only three-quarters use specialist cleaning products and only 1.7m use denture fixatives. The potential for growth outstrips any other oral hygiene sector and is one sector



The third-placed fixative Seabond has seen a 25 per cent rise in sales

## Promotion flurries

**Arm & Hammer** — £3 million TV support.

**Carter-Wallace** — £500,000 TV campaign for Pearl Drops range plus extra-fill promotion.

**Colgate-Palmolive** — £750,000 Plax radio and PR campaign, promoting new Classic variant; second burst for Precision's 'Talking teeth'; and £3.2m TV spend on Bicarbonate of Soda paste.

**Combe International** — National press and sampling, and regional TV support for Seabond.

**EC de Witt** — £675,000 TV support for Clinomyn range.

**Elida Gibbs** — £1m on Profile toothbrush and £3.2m on Bicarbonate toothpaste.

**Grafton** — £320,000 backing Rembrandt toothpaste.

**Oral-B** — £2 million campaign for Advantage toothbrush, includes TV advertising.

**Reckitt & Colman** — £200,000 regional TV campaign for Steradent Fixative Cream.

**Smithkline Beecham** — £3.5m TV support for relaunched Macleans range; £1.5m on Flex 'n' Direct toothbrush; and Aquafresh stripes promotion running until the end of August.

**Stafford-Miller** — £6.5m support for Sensodyne, including £3m TV spend and on-pack offers; Poli-Grip on TV over the summer; and money-off coupons for Dentu-Creme.

**Wisdom** — £250,000 women's press campaign running until October.



TV activity for Poligrip Ultra and money-off coupons for Wernets Ultra

in which pharmacy performs particularly well, with 62.8 per cent of sales.

The denture cleansing market is worth £30 million, according to Stafford-Miller, maker of the best-selling cleansing paste Dentu-Creme, which has a market share of 13 per cent. The leading cleansing agent overall is R&C's Steradent with a 52 per cent market share.

The fixative market is worth £12m, with Stafford-Miller claiming almost 90 per cent of the market with Super PoliGrip, Super Wernets and Dentu-Hold. Wernets Ultra and PoliGrip Ultra are the company's latest variants and are said to have achieved 29 per cent of the pharmacy market in the first six months. Fiona Graham, group product manager of Stafford-Miller's dental division, tips this sector as one for future growth.

This is borne out by the success of Seabond over the past year, with a 25 per cent increase in volume sales, making it the third-placed fixative brand.

Permasoft lining material from Douglas Bridge Associates is said to be more adhesive than pastes as it binds with dentures.

R&C and Procter & Gamble have responded to the potential in this market by introducing Steradent Denture Fixative Cream and Fixodent, respectively.



Steradent now has a fixative



Denture has 14.3 per cent pharmacy share. A new formula is being introduced this month and will be supported with a national TV advertising campaign

## Ethical dilemma

Confectionery is one of the many sidelines that pharmacists have found themselves involved in, to such an extent that the "Chuck sweets off the checkout" campaign has turned its attention to what happens over pharmacy counters.

The campaign, run by Action and Information on Sugars, has previously concentrated on multiples' checkouts, achieving considerable success in minimising the number of checkouts with confectionery displays.

The Royal Pharmaceutical

Society accepts the campaign's argument that selling confectionery is not in keeping with pharmacy's professional image, but points out that problems arise in differentiating between medicated and ordinary sweets.

The Society has produced new guidelines for the latest edition of 'Medicines, ethics and practice: A guide for pharmacists', advising pharmacists not to stock ordinary confectionery at till points or at the medicines counter.

## A breath of fresh air

Age is the major influence on whether a consumer chooses to freshen breath with capsules or sprays. According to Sara Lee, sprays, with a 57 per cent share of the market, are popular with 25-44-year-olds, while capsules hit the mark with older users.

Sara Lee dominates the £5 million breath freshening market with its two brands Amplex (31.4 per cent brand share) and Gold Spot (29.3 per cent). The former is being backed with consumer promotions and trade activity over the next year in an attempt to increase brand share.

## The poverty of wealth

The wealthier you are, the more likely you are to lose your teeth, according to data from the World Health Organisation.

People aged between 35-44 in the Northern Hemisphere are more than twice as likely to lose their teeth as their counterparts in Africa and Asia, says WHO.

However, there is hope for those who fear a trip to the dentist. A new "atraumatic" treatment which cleans dental cavities caused by caries and fills them with glassionomer, a fluoride-releasing adhesive material which protects the tooth against future caries, has been presented to WHO.

Although still in the trial stages, we could soon be waving goodbye to the drill.

## BATS mobile

Do you know what a Happy Tooth logo means?

It's the brainchild of the British Association for Toothfriendly Sweets (BATS) and appears on sugar-free confectionery. And it is hoped that it will encourage manufacturers to use sugar substitutes in their products.

At the moment only four products carry the logo: Fisherman's Friend, Ricola, Sula and Velamints. BATS is keen to encourage manufacturers to licence their sugar-free sweets, but uptake has been slow.

BATS spokeswoman Anna Sweet believes companies are holding back "because they want to see how well the first companies that sign up fare".





Haitai has a £2m support package, including regional advertising

## The gum club

Once socially unacceptable and left in the domain of 'Yanks and bad girls', chewing gum has come out of the closet.

The revelation that chewing gum after meals minimises the risk of tooth decay has prompted an upturn in the sector's fortunes. The past 18 months have seen a 35 per cent increase in sales, with the market projected to reach £146 million in 1994. Most of this activity has been confined to sugar-free (SF) formulations, which now account for 57 per cent of total sales.

Leader in the dental gum market is Endekay from Stafford-Miller. It is the only gum to have a patented ingredient which neutralises acid within one to ten minutes, as opposed to 20 minutes with ordinary gums.

Stafford-Miller's dental division group product manager, Fiona Graham, says: "Endekay to us is like the gold standard of dental gums."

Brand leader by far in the ordinary gum sector is Wrigley's with its Extra and Orbit ranges, both of which have been recognised by the World Dental Federation for "providing a



WDF backing for Wrigley's

significant contribution to dental health".

Warner-Lambert Confectionary is keen to push the dental health message, with its three SF variants (Dentyne, Clorets and Stimorol). It has produced a guide for dentists and health practitioners called 'Sugar-free & dental health — the facts', and an accompanying poster.

Not to be outdone, the latest entrant into the market, South Korean company Haitai, also produces consumer leaflets detailing the properties of the natural sweetener xylitol, which is present in all its SF gums.

UK general manager Tony Killeen says that the UK market has great scope for growth, as we use less chewing gum here than in other countries. One of the main reasons for this, he feels, is that the choice of flavours open to consumers is narrow. Haitai intends to rectify this with a range of citrus-mint products, positioned alongside the more traditional peppermint. Haitai is to launch a premium-priced ginseng gum, available through pharmacies.



Sugar facts from Warner-Lambert

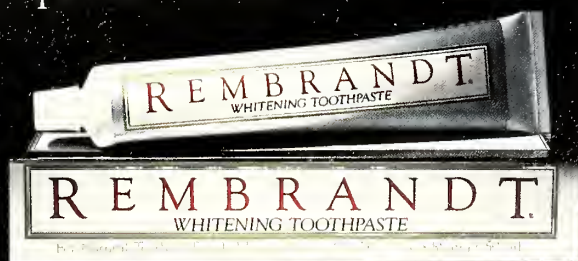
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## Lloyds fined for drug dumping

Lloyds has been fined £5,000 for dumping prescription medicines, syringes and repeat prescriptions in a builders' skip left in the middle of a Brighton shopping centre.

Local trading standards officers called the lack of monitoring "extremely serious" when Brighton magistrates imposed the maximum possible fine under the 1990 Environmental Protection Act.

Workmen refurbishing the Churchill Square store last summer dumped the products, including 79 POM medicines, in a skip overnight. This was then taken to Beddingham landfill site, near Lewes.

"Medicines, pills and syringes were there for anyone to take their pick," says Hilary Woodward, a spokeswoman for East Sussex trading standards.

Some of the products from the ex-Savory & Moore pharmacy bore the patients' names and addresses, she says, therefore breaching confidentiality.

A Lloyds' spokeswoman admits: "This was an accidental oversight as a result of human error. We very much regret it and procedures to prevent it occurring again have been tightened up. As far as we are concerned, the safety of the public is paramount."

## Drug firms to curb promos

Drug companies will have to curb their promotional activities under new regulations which the Government has submitted to parliament.

Company executives who offer financial inducements to doctors could face criminal charges. Doctors who solicit or accept them may also face prosecution.

The new restrictions mean that drug companies must scale back the hospitality they provide for doctors attending promotional conferences, and can no longer offer free hotel accommodation to their spouses.

Tom Sackville, Junior Health Minister, comments: "Any attempt by drug companies to influence doctors' prescribing habits by means of financial or other inducements is to be deplored."

## Whitehall to market E Merck's OTC dermatologicals

Whitehall Laboratories has just struck a deal with E Merck to market a new range of over the counter dermatological products to pharmacies in the UK.

The strategic alliance, known as Merck-Whitehall Dermatologicals, was signed on July 14.

This marks Merck's entry into the self-medication sector of the dermatological market to build upon its prescription heritage. It will continue to handle POM marketing to GPs and dermatologists itself.

Merck Pharmaceutical's managing director, York Bernau, says: "The company realised at an early stage that to successfully enter the self-medication sector ... it would need the sales and marketing acumen of an experienced OTC company, which is why we approached Whitehall Laboratories."

Whitehall sales reps will hit the

road in September with a portfolio of new products that may expand after the initial roll-out. Whether P products would be included in the product mix is unclear.

Reps will cover a base of just over 8,000 independent pharmacies with an eight-week call cycle for most accounts. Boots and pharmacy multiples are serviced by a key accounts team.

As well as selling, Whitehall will also be involved in pharmacist and pharmacy assistant training programmes, including training material and merchandising support. Trade and consumer advertising, together with a consumer public relations programme, will run alongside this.

An official launch to the trade is planned for the autumn to coincide with a sales force briefing.

Whitehall does not market any other OTC products on behalf of other companies and it is the first time it has marketed any of Merck's products.



Merck-Whitehall Dermatologicals



Merck Pharmaceutical's managing director, York Bernau (left), and David Beauchamp, md of Whitehall (right), close the deal

## Boots in wartime asbestos safety lawsuit

Boots is facing a lawsuit to be brought by two ex-employees who handled asbestos during the war and subsequently suffered from asbestos-related diseases.

They claim they were not told of the risks in fitting asbestos pads to gas masks even though the facts were known at the time. They are therefore seeking Legal Aid to pursue the case.

Boots was one of a number of companies to assemble gas masks during the war and issued this statement: "The risks of mesothelioma now known to be associated with asbestos products had not then been identified."

"There can be no legal liability because all reasonable precautions were taken to protect the workforce given both the level of knowledge available at the time and the wartime national emergency."

In the mid-'60s, Boots offered health checks to workers who worked with asbestos during the war, but they were not told why. The results, however, were reported in medical literature.

• Merchant bank Robert Fleming would not confirm rumours that it is putting together a consortium of investors to bid for Boots' pharmaceuticals business.

## Training loans up for grabs

Small businesses can send their staff on training courses with funds raised from a new series of Government-backed loans.

Companies with up to 50 staff can apply for Small Firms Training Loans, which are for £500-125,000.

They cover up to 90 per cent of course fees or costs involved in hiring training consultants; full

costs of books, materials and other training-related items. The costs of hiring extra staff to cover for those on training courses may also be included.

The loans can be deferred for up to 13 months. During this period, the loans are interest-free.

Contact your local Training and Enterprise Council for details.

## Looking for excellence

The hunt is on for the most professional independent pharmacy in a national awards programme.

If your business scores well on merchandising and promotion, staff training, business management, customer care and the use of technology, it could win the Natwest Streamline Independent Retailer Excellence Award.

Chemist & Druggist, Natwest and the British Chambers of Commerce have joined forces to run the awards, whose specialist pharmacy category is one of ten retail sectors represented.

Three shortlisted pharmacies will win a year's free rental of Natwest Streamline's SL205 electronic card processing terminal.

The top pharmacy will also get a £400 Forte weekend break voucher and compete for the overall title, which attracts a further £1,000 cash prize.

The closing date for entries is September 19. For further details, see the insert in this week's C&D or ring Claire Hockley on 071 379 8800.



# SB profits rise 7pc

Smithkline Beecham's pre-tax profits rose 7 per cent to £644m in the six months to June 30, with sales on continuing operations up 4 per cent to £3 billion.

There is also input from the recently-acquired US managed care company, Diversified Pharmaceutical Services, which contributed sales of £15m and £3m trading profit from May 27 to the end of June.

Profits from the sale of SB's haircare business came to £37m and were included as an exceptional item.

Pharmaceuticals remain by far the best-selling sector, with sales up 4 per cent to almost £1.8bn.

Trading profit moved up 19 per cent to £501m.

Augmentin and Tagamet/cimetidine sold beyond the £300m mark, but both are suffering from falling sales, Tagamet thanks to patent expiry.

Newer products, however, are taking a larger proportion of sales. This sector brought in £349m, or 19 per cent of total pharmaceutical sales. The best seller here was the antidepressant Seroxat, with sales more than doubling.

But consumer healthcare was the fastest growing sector, with sales increasing 7 per cent to £665m and profits up 32 per cent

to £77m. Over the counter medicines were the fastest-growing products and made sales of £305m, boosted by the launch of OTC Tagamet in the UK at the end of March.

Oral healthcare and nutritional healthcare products brought in £180m apiece.

Oxy acne treatment and Aquafresh toothpaste continued to gain market share, as did the antacid Tums, which now takes almost half of the market, or more than double the share held by the number two brand.

Animal healthcare sales were up slightly to £190m, while trading profit stood at £29m.



Dr Trevor Jones, Wellcome UK's R&D and medical director, is the Association of the British Pharmaceutical Industry's new director general. He takes over in early August after Dr John Griffin leaves (C&D July 9, p61) and brings with him over 20 years' experience of the pharmaceutical industry

## Hospital supplies under review

The NHS Supplies Authority plans to save at least £5-10 million a year through a strategy review including market testing, says Tom Sackville, Junior Health Minister.

John Marshall, MP for Hendon South, raised the issue of the Supplies Authority's functions through a Written Answer to the House of Commons last week amid a flurry of activity in the hospital supply market.

Last week, C&D reported the British Association of Pharmaceutical Wholesalers' views on why its members should supply the sector.

The Authority's information

technology strategy will maximise benefits from market testing where possible, replies Mr Sackville. In 1992/93 the computer services and equipment contracted out was worth £2.7m.

Although NHS trusts can draw up their own purchasing contracts, in 1993/94 the authority achieved savings of over £71m on behalf of NHS customers.

• NHS hospital trusts could reduce purchasing costs by capitalising on the higher discounts offered on competitive drugs as opposed to drugs in monopoly or niche positions.

Management consultant Rol-

and Berger & Partner surveyed NHS trust pharmacists on their views of pharmaceutical suppliers in terms of price, supply and back-up.

Pharmacists found levels of discount and credit terms important aspects of performance followed by quality of technical information.

The top-rated companies were Glaxo and Smithkline Beecham and AAH Pharmaceuticals.

However, there were big differences in discount levels between different trusts with Trent and West Midland regions emerging as those getting the best discounts.

## Lloyds details Daniels deal

More details are emerging about how Lloyds' takeover of full-line wholesaler Daniels Pharmaceutical back in June will affect customers.

Part of the £10.5 million buy included the surgical supplies business Wilkinson & Co, which will now offer disability aids to existing Barclay's customers.

Benefits for Daniels' pharmacists include the availability of EPoS and PMR systems from Simple Software at subsidised rates.

Management changes at the time of the acquisition included Jeff Poole's promotion to deputy managing director of Barclay's Pharmaceuticals from sales director of Barclay Enterprise.

He will report to the newly-appointed Richard Woods, who heads up wholesaling operations as reported at the time of the acquisition (C&D June 18, p1067).

• Approximately 500 visitors attended Barclay's recent trade show at Trentham Gardens in Staffordshire.

### Farley's buy cleared

Boots' sale of Farley's to Heinz has been cleared by the Monopolies and Mergers Commission. The £94 million sale will now go through (C&D June 4, p979).

### Prices move up

The retail price index for 'chemists goods' increased 3 per cent over the 12 months to June 14, according to the latest Government statistics. Sales volumes fell, says the CBI, although not as much as in the previous two months.

### Cox helpline

Cox Pharmaceuticals' customer service department is now open 8.30am-7pm Monday-Saturday. Call Freephone 0800 373573.

### Lox changes name

Lox Pharmaceuticals has changed its name to Lox Synthelabo to emphasise links with its owner, Synthelabo Groupe. Address and telephone number remain unchanged.

### Sunday Trading

Marks & Spencer and John Lewis, two of the strongest opponents to Sunday trading, have now gone back on their word and will now open on Sundays.

### More newspapers

Independent retailers will be able to sell newspapers more easily under new guidelines that have been drawn up by newspaper wholesalers.

### US v EC drug laws

A report comparing US and EC pharmaceutical marketing and licensing laws is available for £249 before July 31 and £275 afterwards. More details from JC Professional Publications on 081 885 1754.

### Product recalls

The British Retail Consortium has published guidelines on the retailer's role in recalling products. Ring the BRC on 071 371 5185 for a booklet.

### Lilly wants partner

Eli Lilly is considering teaming up with another company to run its recently-acquired pharmacy benefit management company PCS Health Systems. This could either be a shared ownership or perhaps a marketing alliance, says a company spokesman.

### Kitty Little

Kitty Little has put a FF75.2 million price tag on the French glasses manufacturer Groupe L'Amy it first said it would buy in April this year.

## Pharmacies take largest chunk of PIs

Pharmacists are by far the largest player in the UK's parallel imported drugs sector, with three-quarters of the market going their way.

Last year, 75 per cent of PIs (by value) were distributed directly to pharmacies, according to the latest Datamonitor report, but that share is due to shrink following growing interest from full-line wholesalers.

This is set against a backdrop of increased interest in the PI market as pressure to cut the NHS drugs bill mounts. By 1997, PIs will command 5 per cent of UK pharmaceutical sales.

The report cites Spain and Portugal as important future PI sources, although Italy, France and Belgium are the main sources, with drugs from Greece contributing to a lesser extent.

Compared to other European countries, the UK is "particularly slow" in granting PI licences, the report finds. For a copy of 'The Future for Alternative Pharmaceutical Distribution Channels in Europe', ring 071 625 8548.

## AAH on-line

AAH is simplifying prescription endorsements by launching a printer option for Linkpep.

This updated software allows endorsements to be printed on the FP10, rather than having to be handwritten.

Existing users will be sent the updated program at no extra cost, while new users will only have to pay extra for the printer, currently £126 plus VAT.



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# About people



## News Editor for C&D

Ailsa Colquhoun has joined the *Chemist & Druggist* editorial team as news editor.

Now in her fourth year at Benn Publications, Ailsa moves from fellow pharmacy titles *Community Pharmacy* and *Beauty Counter*, where she was assistant editor.

Ailsa joins C&D's other new arrival, assistant editor/beauty Liz Jones (C&D June 16, p106).



Vantage pharmacist Jeff Harris has been parted from his beloved whiskers in a sponsored shave for a three-year-old child with cerebral palsy. Mr Harris, of Harris Pharmacy in Oxford, offered to shave off his beard after being approached by Alistair Parkinson's mum on ideas for charity events. Alistair needs £2,000 for treatment at the Peto Institute in Hungary. Customers and staff at the pharmacy, and AAH Pharmaceuticals in Reading helped out. Mr Harris said: "With just our small event, we raised more than £260. All we need are a few more events and we will have the money."

## Former C&D editor/director, Arthur Wright, dies

**Wright:** After a long illness, on Monday July 18, Arthur Wright FRPharms, of Worcester Park, Surrey, passed away peacefully.

Arthur Wright qualified in 1936 after serving his retail apprenticeship and completing a pharmacy course at Leeds University. He spent many years in industry, much of it with the Wellcome Foundation where, after war service, he became a veterinary marketing executive.

An interest in forensic pharmacy led to him writing several articles for *Chemist & Druggist* before he joined the full-time staff. He was deputy editor for ten years and was made editor in 1970.

In his seven-year spell as editor, he had a considerable impact on C&D's design, as well as moving the C&D Price Service onto computer. He went on to become publisher of C&D and a director of Benn Publications Ltd, the magazine's owner.

Mr Wright was made a Fellow of the Pharmaceutical Society of Great Britain in 1971. On his retirement from Benn in November 1979, the then managing director, James Benn, said: "His enthusiastic investigations were to culminate in the then C&D Quarterly Price List becoming a monthly service, through the use of technology undreamt of when he came to publishing."

After retirement from Benn, Mr Wright published *Embroidery* for the Embroidery Guild until finally retiring at the beginning of 1990. He was also intensely interested in pharmacy history and for many years was a leading light in all its activities.

His wife, Ina, survives him.

The funeral is on Monday, July 25 at 4pm at Randalls Park Crematorium, Leatherhead. Family flowers only. Donations to the Royal Pharmaceutical Society Benevolent Fund, 1 Lambeth High Street, London SE1 7NJ.

Jim Secker, company secretary of Benn Publications Ltd, writes: "I recall the tremendous contribution made by Arthur, not only to *Chemist & Druggist* as its ninth editor and later as publisher, but also as a founder member of the Board of Benn Publications Ltd. I was able to witness at first-hand the value of

Arthur's experience at Board level. He skillfully combined pharmacy with journalism and publishing. His enthusiasm showed through in everything he did, whether in business or in his leisure pursuits of playing the electric organ or casting a fly over trout. A man of great probity, he will be sadly missed."

Ron Salmon, Publisher, Chemist & Druggist and Editor from 1977 until 1984, writes: "C&D, and I personally, owe so much to Arthur Wright that it is impossible to chronicle it all here. It was as editor that he made his mark, taking over in 1969 just as major developments in print and design were being applied to C&D for the first time. It was Arthur who focussed C&D's attention on the needs of the community pharmacist rather than the broader spectrum it had previously encompassed."

"In the mid-1970s he foresaw the impact computers would have on pharmacy practice, and, in moving the C&D Price List onto new technology, he fought hard to persuade the industry to adopt a common product code. He failed, entirely due to selfish commercial interests, but after his retirement he saw the C&D code adopted as the PIP code with NPA support. Who knows how much faster pharmacy businesses might have developed if his vision had been realised a decade earlier?"

"There is so much more to say, not least about a warm-hearted man who rarely uttered an angry word and whose love of fishing ensured he covered every possible event in Scotland for C&D! It was a privilege to have worked with him for over 30 years. He will be remembered with affection by all who knew him. Our sympathy and thoughts are with his wife



Ina, who shared so much of his pharmaceutical and journalistic life."

Peter Nicholls, advertisement manager in Mr Wright's day, writes: "In my early days on C&D the editorial and advertisement departments were very much separate entities. As a C&D representative, one would approach the editorial section with a certain trepidation. Arthur was a prime mover in changing that tradition. He was not an easy man to get to know, but in the 30 years (it could be more) that we worked together, I knew him as a kindly man, dedicated to pharmacy and C&D, but one who didn't suffer fools gladly."

Dr Lindsay Howden, secretary, British Society for the History of Pharmacy, writes: "It was with great sadness that I learned of the death of Arthur Wright. I first met him at my first BSHP committee meeting at Lambeth in 1984. He was a charming, kindly and occasionally forthright man who kept a tight editorial rein on the *Pharmaceutical Historian*, the Society's newsletter. His long illness, sadly, caused his resignation from the committee, but inevitably at the end of every meeting since that time, the question would be asked 'and how is Arthur Wright keeping?'. We will long remember him with affection."

## Burr resigns from YPG chair

Andrew Burr is stepping down as chairman of the Young Pharmacists Group next October.

Increased commitments to his job as pharmaceutical advisor at Mid-Glamorgan FHSA have prompted Mr Burr's decision not to stand for re-election.

"I have got to concentrate on

the work in Mid-Glamorgan where we have a tremendous opportunity for pharmacy to move on. But I remain totally committed to the YPG and its ideals," says Mr Burr.

A new chairman will be elected at the YPG AGM to be held in Sheffield in October.



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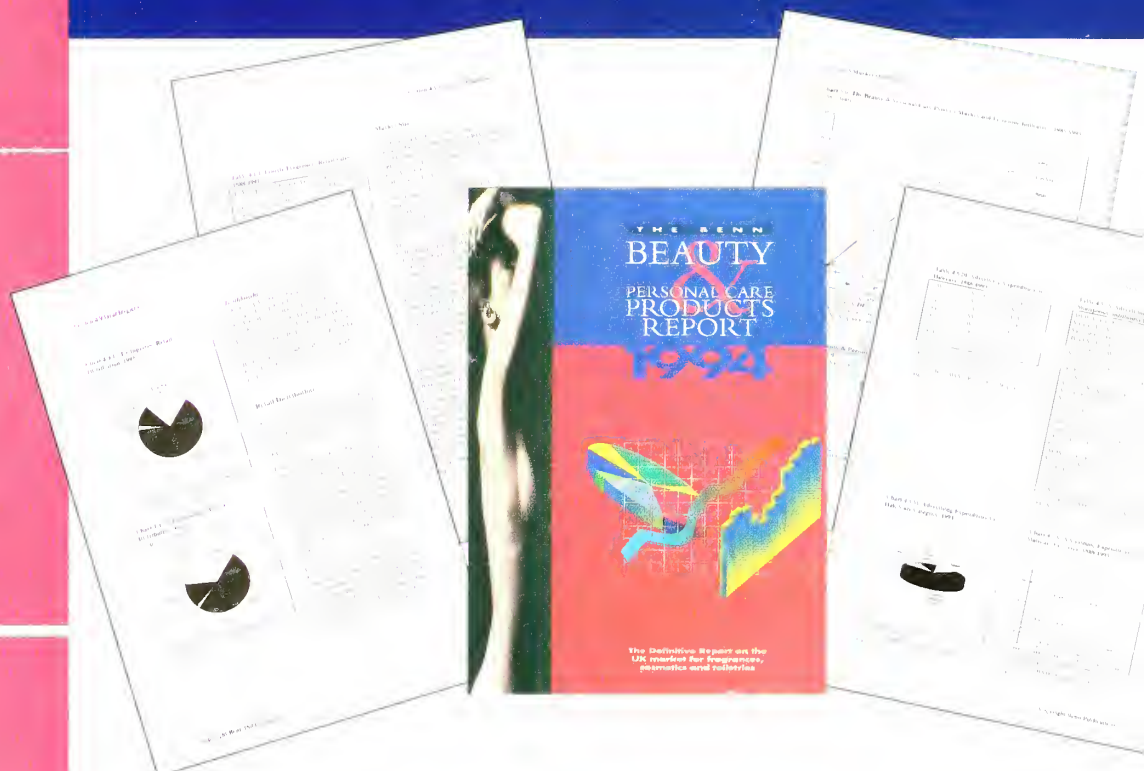
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